

UNITED STATES DEPARTMENT OF AGRICULTURE

IN RE:)
)
NATIONAL NUTRITION SUMMIT

Pages: 1 through 133

Place: Washington, D.C.

Date: December 9, 1999

HERITAGE REPORTING CORPORATION

Official Reporters
1220 L Street, NW, Suite 600
Washington, D.C.
(202) 628-4888

UNITED STATES DEPARTMENT OF AGRICULTURE

IN RE:)
NATIONAL NUTRITION SUMMIT }

Jefferson Auditorium
South Building
1400 Independence Avenue, S.W.
Washington, D.C.

Thursday,
December 9, 1999

The meeting in the above-entitled matter commenced,
pursuant to notice, at 9:11 a.m.

BEFORE: EILEEN KENNEDY, DEPUTY UNDERSECRETARY
FOR RESEARCH, EDUCATION AND ECONOMICS

APPEARANCES:

USDA Panel:

CAREN WILCOX
Deputy Undersecretary for Food Safety

JULIE PARADIS
Undersecretary for Food, Nutrition
and Consumer
Services

ED COONEY
Special Assistant for Nutrition
Office of the Secretary, USDA

EILEEN KENNEDY
Deputy Undersecretary for Research, Education and
Economics

RAJEND ANAND
Executive Director, Center for Nutrition Policy
and Promotion, USDA

APPEARANCES: (cont'd.)

USDA Panel: (cont'd.)

CATHERINE WOTEKI
Undersecretary for Food Safety

HHS Panel:

PAUL COATES
Director of the Office of Dietary Supplements
National Institutes of Health

LINDA MEYERS
Office of Disease Prevention and Health
Promotion

WILLIAM DIETZ
Centers for Disease Control and Health Promotion

ELIZABETH SUMMY

I N D E X

<u>Statement Of:</u>	<u>Page</u>
IRWIN ROSENBERG, DIRECTOR, JEAN MAYER USDA HUMAN NUTRITION RESEARCH CENTER ON AGING; DEAN FOR NUTRITION SCIENCES, SCHOOL OF NUTRITION SCIENCE AND POLICY, TUFTS UNIVERSITY	18
MICHAEL JACOBSON, EXECUTIVE DIRECTOR, CENTER FOR SCIENCE IN THE PUBLIC INTEREST	23
ZY WEINBERG, NATIONAL ASSOCIATION OF FARMERS MARKET NUTRITION PROGRAMS; CALIFORNIA EMERGENCY FOOD LINK	25
MORGAN DOWNEY, EXECUTIVE DIRECTOR, AMERICAN OBESITY ASSOCIATION	29
CECILIA RICHARDSON, NUTRITION PROGRAMS DIRECTOR, NATIONAL ASSOCIATION OF WIC DIRECTORS	32
BARBARA MOORE, PRESIDENT, SHAPE UP AMERICA	34
RICHARD ADAMSON, VICE-PRESIDENT FOR SCIENTIFIC AND TECHNICAL AFFAIRS, NATIONAL SOFT DRINK ASSOCIATION	39
RICHARD KEELOR, PRESIDENT, THE SUGAR ASSOCIATION	41
JAMES WEILL, PRESIDENT, FOOD RESEARCH AND ACTION CENTER	43
FRANCES CRONIN, SOCIETY FOR NUTRITION EDUCATION	48
SUSANNE GREGORY, ASSOCIATION OF STATE AND TERRITORIAL PUBLIC HEALTH NUTRITION DIRECTORS	49
MIYUN PARK, PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS	53
TRACY A. FOX, THE AMERICAN DIETETIC ASSOCIATION	56
JEAN CHARLES-AZURE, INDIAN HEALTH SERVICE	59
ROBERT COHEN, EXECUTIVE DIRECTOR, DAIRY EDUCATION BOARD	61
DAVID YORK, PRESIDENT, NORTH AMERICAN ASSOCIATION FOR THE STUDY OF OBESITY	63

<u>Statement Of:</u>	<u>Page</u>
JENNIFER WEBER, ADVOCATES FOR BETTER CHILDREN'S DIET	66
SUSAN T. BORRA, INTERNATIONAL FOOD INFORMATION COUNCIL	69
MAUREEN STOREY, ASSOCIATE DIRECTOR, GEORGETOWN UNIVERSITY CENTER FOR FOOD AND NUTRITION POLICY	72
CONNIE WEAVER, INTERNATIONAL LIFE SCIENCES INSTITUTE	73
ALEX HERSHAFT, PRESIDENT, VEGETARIAN INFORMATION SERVICE	76
DAVID PRYOR, FARM ANIMAL REFORM MOVEMENT	78
BILL LAYDEN, PARTNERSHIP TO PROMOTE HEALTHY EATING AND ACTIVE LIVING	80
MARK WINNE, THE HARTFORD FOOD SYSTEM; COMMUNITY FOOD SECURITY COALITION	84
JUDITH EATON, NEW YORK NUTRITION NETWORK	87
LISA KATICK, DIRECTOR OF SCIENTIFIC AND NUTRITION POLICY, GROCERY MANUFACTURERS OF AMERICA	91
ELIZABETH PIVONKA, PRESIDENT, PRODUCE FOR BETTER HEALTH FOUNDATION	95
DONNA DENISON, DIRECTOR OF LEGISLATIVE AFFAIRS, UNITED FRESH FRUITS AND VEGETABLE ASSOCIATION	97
RANDOLPH HORNER	101
LENORA JOHNSON, ASSOCIATION OF STATE AND TERRITORIAL DIRECTORS OF HEALTH PROMOTION AND PUBLIC HEALTH EDUCATION	103
DON CLARK, EXECUTIVE OFFICER, AMERICAN SOCIETY FOR CLINICAL NUTRITION	106
PATRICIA BERTRON, DIRECTOR OF NUTRITION, PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE	109
MARY ENIG, PRESIDENT, MARYLAND NUTRITION ASSOCIATION	112
DIANE BIERBAUER, AMERICAN SCHOOL FOOD SERVICE ASSOCIATION	114

<u>Statement Of:</u>	<u>Page</u>
PATRICIA YOUNG, NATIONAL COORDINATOR, WORLD FOOD DAY	117
BARNEY SELLERS, EXECUTIVE DIRECTOR, AMERICAN SOCIETY FOR PARENTERAL AND ENTERAL NUTRITION	119
BRIAN WILLIAMS, AMERICAN HEART ASSOCIATION	121

P R O C E E D I N G S

(9:11 a.m.)

DR. KENNEDY: Let me welcome everybody to USDA. I am Eileen Kennedy, Deputy Undersecretary for Research, Education and Economics, and I'm pleased that so many people have joined us this morning.

Mr. Webster, let's not be shy. We have plenty of room up front. Given it's a large room, it's nice to see people closer rather than farther.

USDA and HHS has had an active steering committee working on what we are calling the National Nutrition Summit. Before I make a few opening remarks, I would like to introduce my colleagues on the steering committee.

Dr. Paul Coates, with the National Institutes of Health and recently taking over as Director of the Office of Dietary Supplements; Dr. Linda Meyers, and I have to look at the order people are in. People keep shifting their seats around. Dr. Linda Meyers, who is with the Office of Disease Prevention and Health Promotion; Dr. Bill Dietz, with the Centers for Disease Control and Health Promotion.

On my right, recently assuming the role of Special Assistant for Nutrition in the Office of Secretary Glickman, Ed Cooney; new to the Secretary's office, but not new to the Department. A little bit later this morning we'll have Undersecretary for Food, Nutrition and Consumer Services, Julie Paradis, joining us, and in the interim we have Dr. Rajend Anand, who is Executive Director of the Center for Nutrition

1 Policy and Promotion in USDA.

2 Caren Wilcox, who is Deputy Undersecretary for Food
3 Safety was to join us. She's been called away, but if there's
4 any chance she can join us, she will a little bit later in the
5 morning.

6 I've been asked by the organizers of this meeting to
7 indicate that today's meeting is being recorded, so everyone is
8 forewarned.

9 I'm delighted that we're here today to talk about the
10 national nutrition summit, which is to be held in Washington,
11 D.C. on May 30 and May 31, 2000. The summit will be co-
12 sponsored by HHS and USDA with active participation of the
13 White House.

14 From my personal point of view, I think it's an
15 exciting time for nutrition, and I say that for a variety of
16 reasons. About a year ago, some of what we will be talking
17 about today and in the upcoming few months -- about a year ago,
18 some activities relative to nutrition began to crystalize. The
19 two departments began talking about a conference/summit on
20 nutrition, and I think there were some reasons just about a
21 year ago, December of 1998, these discussions began to emerge.

22 Within USDA, three mission areas, food safety, food
23 nutrition and consumer services and my mission area, research,
24 education and economics, began discussion on having a
25 millennium event on nutrition.

26 At about the same time, HHS was having similar kinds
27 of discussions at senior levels in the Department, and also

1 about the same time discussions began emerging at the White
2 House apropos to the 1969 conference, White House Conference on
3 Food, Nutrition and Health, and what a key event that 1969
4 conference was in shaping the nutrition agenda in the 1970s and
5 1980s in the United States.

6 If you think about many of the recommendations that
7 emerged from that 1969 conference, they were important to
8 public health nutrition because not only were there
9 recommendations that emerged from that conference, but in fact
10 those recommendations led to a very action oriented agenda for
11 the country.

12 I'll just tick off a couple of the events. This was
13 my first entre into nutrition was back in 1969, but in large
14 part because of efforts that emerged after the 1969 conference
15 we had nationwide expansion of the food stamp program. We had
16 nationwide expansion of the school lunch program. We had
17 creation of the school breakfast program, the WIC program
18 initially as a pilot project, then as a permanent program,
19 nutrition labeling. Some of the initial discussions on
20 labeling emerged from that conference.

21 Given the very lively discussions in 1969 on
22 diet/chronic disease links, much of the discussion really
23 formed the basis of some of what first became the dietary goals
24 for the United States and then ultimately the USDA/HHS dietary
25 guidelines for Americans.

26 So when you think about that conference, it was
27 impressive. It made a difference. Clearly there's a lot of

1 enthusiasm not simply in federal government, but I think
2 there's enthusiasm in the broader nutrition community for a
3 similar type of forum in the year 2000.

4 Just a year ago, Dr. Coates and I had the opportunity
5 to participate in a meeting at the White House with the
6 Domestic Policy Council to discuss what the focus of a year
7 2000 summit would be. A large part of our discussion both at
8 that December, 1998, meeting, as well as some discussions in
9 meetings that have taken place subsequently, made us really
10 think about what should be the focus of this national nutrition
11 summit.

12 The concern articulated across a variety of different
13 people involved in -- the feeling that we gain a lot more by
14 focusing on what the broad community of public health nutrition
15 wanted to accomplish with this summit and wanted to accomplish
16 from the point of view of articulating, number one, what should
17 be the priorities for the summit, and, I think even more
18 importantly with those priorities, how do we use the summit as
19 a first step in a much longer process that leads to action post
20 national nutrition summit.

21 The one pager that I think has been handed out today
22 in some of the material in the Federal Register was an attempt
23 to identify what we saw collectively as some of the critically
24 important issues that would be part of the agenda setting for
25 the nutrition summit. We want to use this as a starting point
26 for discussion this morning, but again emphasizing that the
27 activities leading up to the summit we see as a first step in a

1 much longer process.

2 Similar to what happened in 1969, we hope that the
3 interactions that emerge as a result of this, as a result of
4 other activities over the next couple of months, help us really
5 focus on an action oriented agenda for the national nutrition
6 summit.

7 I think erroneously some people have gotten the
8 impression that this summit is almost exclusively HHS and USDA,
9 and that clearly is not the intent. We've done what we think
10 is some of the early thinking at this stage, but we're hoping
11 that the summit really provides an opportunity for a diverse
12 group of individuals, a diverse group of institutions to come
13 together and think about committing to improving nutrition in
14 the United States. The question is what form that would take.

15 So in addition to having some discussion this morning
16 about filling out the details of the agenda for the national
17 nutrition summit, I think equally important we'd like to hear
18 some discussion this morning of ways we interact both in the
19 months up to the summit and clearly how we interact in the
20 months beyond.

21 We will not have a federal advisory committee in the
22 classic mode of government. Having said that, we'd like to
23 look for some other opportunities, in some way some virtual
24 opportunities to interact with the range of stakeholders as we
25 proceed in this overall activity, and so my thought, and this
26 was not in the Federal Register.

27 In addition to hearing individual presenters talk

1 about ideas for the summit, I'd like to challenge the audience
2 today to think about what form interactions with this group
3 might take as we collectively -- jointly, collectively -- are
4 planning the summit, thinking about activities that emerge from
5 the summit, thinking about the longer term agenda.

6 I'd like to think that there are ways that are more
7 imaginative and innovative than maybe we've used before, than
8 we've thought of before, that would effectively harness the
9 thoughts represented in this audience and the talents
10 represented in this audience.

11 With that, these days I find myself in an awful lot
12 of fora where I end my comments by saying I will now give an
13 equal amount of time to an opposing point of view. I'm
14 delighted that in this case not only isn't it an opposing point
15 of view, but I must say my colleague and friend, Paul Coates,
16 Dr. Coates, who has been there from the beginning of this
17 effort on the HHS side and because of, and he's heard me say
18 this before; because of his tenacious nature has gotten us in
19 large part to where we are this morning. I'd like to turn to
20 Dr. Coates for some of his comments.

21 DR. COATES: Thanks very much, Dr. Kennedy. I echo
22 and endorse almost all of your remarks. I particularly like
23 the one about being colleague and friend.

24 This has been a true partnership between the two
25 departments, but I wanted to particularly echo one of your
26 remarks that this partnership has to engage other individuals,
27 agencies, organizations in the public and private sector. We

1 didn't for a moment think that this was going to be an activity
2 that we engaged in by ourselves. We're anxious at this stage
3 in the development of the planning to have your input. We
4 expect we'll be hearing from you for awhile.

5 I wanted to highlight a couple of things for you just
6 as a reminder of the very broad range of Department of Health
7 and Human Services interests that would be served by having
8 this engaging discussion and culminating at least at this stage
9 with the national nutrition summit.

10 Clearly, a number of our agencies have programs, both
11 research and intervention and translation, that deal with
12 disease prevention and health promotion, of which nutrition is
13 a supremely important part, so I want to emphasize our
14 continued enthusiasm for participating in these kinds of
15 discussions with you.

16 I'll make one comment that has occurred to me. As
17 I've heard more and more people in the nutrition community in
18 discussion of this and other topics, not exactly a homogeneous
19 group of people. I have the feeling that we'll be sampling an
20 array of opinions and remarks as we're developing this. We
21 understand and are enthusiastic in getting those comments from
22 you.

23 I have nothing else. Thanks, though, Eileen.

24 DR. KENNEDY: I'd like to acknowledge someone who's
25 come into the audience, Dr. Cathy Woteki, our Undersecretary
26 for Food Safety. Would you like to join us at the table,
27 Cathy?

1 DR. WOTEKI: I can only stay a short period of time.

2 DR. KENNEDY: Well, let me just say when I talked
3 about the triumvirate where a year ago we were talking about a
4 millennium event on nutrition, Dr. Woteki was one of the
5 driving forces that actually kept that moving, so I'd like to
6 acknowledge your contribution. Please?

7 DR. WOTEKI: Thank you very much, Eileen. I hesitate
8 to sit on the podium because unfortunately I can only spend a
9 small amount of time with you today, so rather than occupying a
10 chair and then having to get up immediately and leave, I'll
11 make just a few comments here from the floor.

12 First of all, I'd like to thank the group that has
13 pulled together this public meeting today to hear comments,
14 ideas about a nutrition summit. I think it will be very
15 worthwhile, very helpful in shaping how that meeting will be
16 undertaken, so I think that this is a very positive step, and I
17 also want to express my appreciation to those of who you have
18 pulled it together.

19 I'd also like to say I think it is a very good idea
20 to have a focused agenda for that meeting, so to the extent
21 that the questions that are posed that will be addressed by it
22 are very well focused, I think it will be very helpful in
23 moving that agenda along.

24 And to that end, I'd also like to express my own
25 interest in the interrelationships between food safety and
26 human nutrition. One of the questions that Dr. Kennedy and I
27 have had an opportunity to discuss on and off over the last

1 couple of years is how broad should a symposium, should a
2 meeting of this sort of nutrition, how broadly should it be
3 focused and to what extent should the food safety issues be
4 encompassed within that.

5 I have tried to articulate my own feelings about this
6 issue in these discussions. I have come to view food safety as
7 a prerequisite for good nutrition, and certainly in developed
8 countries I think that that recognition is becoming more
9 widespread.

10 In many international forums, however, frequently the
11 discussion seems to be bifurcated. There are concerns about
12 food security, and there are concerns about food safety, and
13 they are portrayed almost as being in opposition to each other.
14 You know, the question is what do you want, food security or
15 food safety? You can't have both.

16 My position on this and one that I'm trying to
17 encourage international organizations and government agencies
18 as well to take is to recognize that you can't have a health
19 promoting food supply if it is not nutritionally complete and
20 also safe, so we have to move these two concepts together,
21 forward together.

22 Having said that, though, I think that one of the
23 issues that would be particularly helpful to hear from would be
24 views on the focus on a nutrition summit and to what extent is
25 it domestic in focus and considering food safety as a part of
26 nutrition issues and to what extent is it an international
27 focus.

1 Clearly, we have underway within the United States a
2 Presidential focus on food safety. The President created a
3 year ago a Food Safety Council that is co-chaired by Secretary
4 Glickman, Secretary Shalala and also by the President's science
5 advisor, Dr. Neil Lane. We have over this past year that the
6 Council has been in business held a series of meetings,
7 national meetings, about our domestic food safety agenda.

8 To that end, I have certainly been looking at this,
9 the potential for a nutrition summit, as, therefore, not
10 needing to deal closely with the food safety issues because the
11 Council is taking a very, very close look at our domestic food
12 safety concerns

13 So to that end I would say that I think from my own
14 personal perspective that the focus that should be for this
15 nutrition summit would be on primarily the nutrition issues,
16 but recognizing food safety as a prerequisite to that and also
17 recognizing that the food safety issues are being dealt with
18 under the purview of the Council. It might help to limit some
19 of the very broad array of topics, very important topics, that
20 need to be undertaken by such a summit.

21 Anyway, I'm very sorry, but given the press of events
22 that neither Deputy Undersecretary Caren Wilcox, who had
23 planned to spend the day with you, can be with you today and,
24 unfortunately, I can't either. Many of you may know that
25 Secretary Glickman's mother passed away two days away, and my
26 deputy, Caren Wilcox, who was planning on participating in the
27 meeting today, is representing the Secretary at an event that

1 he had been committed to attend.

2 So, unfortunately, given the press of events, neither
3 of us can spend the time that we had planned to with you, and I
4 give you all my apologies for that, but thanks for the
5 opportunity for speaking. I appreciate that.

6 DR. KENNEDY: Thanks, Cathy. We appreciate it, and I
7 think your comments on the interactions of food safety and
8 nutrition are echoed in a lot of ways, but one that immediately
9 leaps to mind is what will be the upcoming dietary guidelines
10 for Americans where at this point it looks as though for the
11 first time ever there will also be a dietary guideline on food
12 safety, so more closely wedding nutrition with food safety.

13 DR. WOTEKI: Thank you.

14 DR. KENNEDY: Thank you.

15 Now I have the delightful task of talking about
16 housekeeping details. Each testimony can be no longer than
17 three minutes. There's a light up front. The light will
18 change from green to orange at two minutes and will turn red at
19 the end of three minutes, and then we'll have the old
20 proverbial hook. We should let people actually be up at the
21 podium before we start the time running.

22 As you start, if you could please introduce yourself,
23 your name and your organization that you represent? We have a
24 list of about 35 or so, 36, people who have signed up at this
25 point. We will go through that list once. If someone is not
26 here when their turn is called, they drop to the bottom of the
27 list.

1 In addition to the oral comments this morning, we are
2 encouraging written comments. If commentators have written
3 statements this morning, they can be handed to Dr. Shanti
4 Bowman. Shanti, do you want to wave? Stand up. Shanti will
5 be taking the written comments. We will accept written
6 comments up until December 20.

7 With that, it's my pleasure to introduce our first
8 presenter, who is a shining light in nutrition in the United
9 States, and this really is a delight for me. Dr. Irwin
10 Rosenberg, who is Director of the Tufts Jean Mayer Center on
11 Aging, as well as Dean of School of Nutrition Science and
12 Policy at Tufts University.

13 Dr. Rosenberg? Welcome.

14 DR. ROSENBERG: Thank you, Dr. Kennedy.

15 Good morning. My name is Irwin Rosenberg, and I
16 serve as Dean for Nutrition Sciences at the School of Nutrition
17 Science and Policy and Director of the John Mayer USDA Human
18 Nutrition Research Center on Aging at Tufts University. Thank
19 you very much for this opportunity to comment on the planning
20 for the national nutrition summit.

21 Not since the 1969 White House Conference on Food,
22 Nutrition and Health has our nation had the opportunity to
23 engage in a comparable evaluation of our national programs and
24 policies related to food and nutrition. Nor since that time
25 have we as a country set forth clear and comprehensive national
26 policy priorities. I commend the USDA and HHS for sponsoring
27 this much needed national discussion.

1 Now, over 30 years later, new issues have emerged
2 that once again establish a need for a process to address the
3 wide range of critical health issues facing our nation and the
4 need to build a unified food policy agenda that meets our
5 nation's promise of a safe, healthful and adequate food supply
6 for all.

7 There are many lessons that we can learn from the
8 experience of the White House conference in 1969 that changed
9 the landscape of nutrition policy in so many positive ways.
10 First, that food, nutrition and health are inextricably linked,
11 and policies in both public and private sectors must address
12 that interrelatedness.

13 Second, that we need not so much a conference, useful
14 as that might be in elevating the national discussion and
15 attention, but a process with planning, open discussion and
16 attention to the follow through and the accomplishments.

17 I remind you that 80 percent of the 3,000
18 recommendations emerging from the 1969 conference were put into
19 practice, programs and legislation in the subsequent years, and
20 not least that engagement of the full range of society,
21 consumers, food producers and processors, scientists, those who
22 are food insecure, as well as those who are overly secure, is a
23 requirement for planning the priorities to be carried out in
24 the government and in the private sector.

25 I wanted to report on a recent meeting at Tufts of
26 the Coalition for Food, Nutrition and Health because I believe
27 much of the discussion that took place at that meeting is

1 relevant here in this planning. The Coalition is a broad
2 alliance of those with a stake in good nutrition organized by
3 Tufts University.

4 The Coalition emerged from a two year process
5 involving 250 organizations among government, academia,
6 consumer advocacy organizations and industry to foster setting
7 a national priority on food, nutrition and health hopefully
8 around a second White House conference to draft an agenda to
9 identify issues that should be included in a national nutrition
10 agenda and to advocate for those issues that they be addressed
11 by both the public and private sectors.

12 Our Coalition recognizes a shared public/private
13 responsibility to identify and address food policies and
14 programs.

15 My time is up already? Well, let me just list in
16 conclusion the major themes from that coalition. To implement
17 federal food policies and deliver dietary guidance to all
18 Americans that is based on current and evolving scientific
19 knowledge; to actively engage the public and industry in
20 national systemic changes to combat obesity, chronic
21 degenerative diseases and disabilities of an aging population;

22 To end hunger and achieve food security for all
23 Americans by addressing incomes, insuring appropriate food
24 assistance programs; to provide a federal regulatory framework
25 that effectively and efficiently engages both public and
26 private stakeholders in helpfulness and safety of our food
27 supply and in our marketplace; and to sustain research and

1 training in nutrition science to provide the scientific basis
2 for the continuing evolution of information upon which these
3 programs will be based.

4 I agree with the observation that there has to be
5 focus for this national nutrition summit, but I wish to
6 emphasize that there needs to be, as you've stated, significant
7 public/private interaction in both the planning and the
8 activation of these things and a sufficiently broad agenda so
9 that the interrelatedness of food, nutrition and health is
10 represented there.

11 Thank you.

12 DR. KENNEDY: Thank you, Dr. Rosenberg. I have one
13 question before we let you go. I was listening so intently I
14 wasn't even watching the light.

15 A couple of times in your comments you emphasized the
16 process and particularly the public/private sector interaction
17 being so important. As I think about the 1969 conference, a
18 lot of what emerged after that really related to federal
19 legislation, a lot of the kinds of things I ticked off in my
20 opening comments.

21 When you think about the modus operandi after the
22 summit, public/private sector interaction, have you given
23 thought to what form that would take?

24 DR. ROSENBERG: I think that it is essential that the
25 broad elements of stakeholders in the population that really do
26 have an important stake in improving the nutrition and health
27 of the population are involved in helping to set the agenda on

1 the issues that are going to be pursued.

2 Then I think there will be the mechanism for the
3 kinds of partnerships that will need to engage both not only
4 regulatory and government practices, but practices out there in
5 the public to make these things, many of them perhaps systemic
6 changes, to make these changes adequate and appropriate.

7 DR. KENNEDY: Any others?

8 (No response.)

9 DR. KENNEDY: Thank you, Dr. Rosenberg.

10 Our next presenter is Dr. Michael Jacobson, Executive
11 Director for the Center for Science in the Public Interest here
12 in Washington, D.C.

13 DR. JACOBSON: Good morning. I'm Michael Jacobson,
14 the Executive Director of the Center for Science in the Public
15 Interest.

16 CSPI applauds HHS and USDA for convening the national
17 nutrition summit. We believe that the primary goal of the
18 summit should be to develop recommendations and policies to
19 promote healthy eating and physical activity. The summit
20 should be structured so as to develop proposals for actions
21 that could be taken by all levels of governments, as well as by
22 industry, non-profits and others.

23 We urge you not to focus the summit on the science of
24 nutrition. Although nutrition research is needed, the summit
25 should build on the consensus expressed in dietary guidelines
26 for Americans and identify programs, policies and environmental
27 changes.

1 As a foundation, the summit should examine population
2 based programs that actually succeeded in improving eating
3 habits. For example, CSPI has conducted media campaigns
4 demonstrating that entire communities can be moved toward
5 healthier diets. In one community, a seven week campaign
6 doubled the market share for lower fat milk.

7 The summit also should address the societal forces
8 that shape eating habits. Examining those factors, such as
9 advertising school food and restaurant food, is essential to
10 the development of policies to help decrease adverse influences
11 and increase healthful ones.

12 One key subgroup to focus on is children. I'll use
13 that as an example. The summit should consider the influence
14 on children's diets and activity levels and then suggest
15 measures that could bring about improvements. Proposals might
16 range from requiring TV ads for high calorie foods aimed at
17 young children to be balanced with good nutrition messages to
18 restricting the sale of junk foods in schools and to requiring
19 daily physical education.

20 Going beyond children, policy options that should be
21 explored include requiring fast food restaurants to disclose on
22 menu boards the calorie levels of the foods and taxing nutrient
23 poor foods, such as soft drinks, and using the revenues to fund
24 health programs.

25 The summit also should serve as a platform for the
26 government to announce new initiatives that could be adopted
27 immediately. HHS and USDA could announce such measures as new

1 funding for CDC to sponsor dietary change campaigns, mandatory
2 nutrition labeling on fresh meat and poultry and a final rule
3 for trans fat labeling.

4 Federal efforts to promote health should involve
5 departments in addition to HHS and USDA. For instance, the
6 Department of Education should announce that it's sponsoring a
7 national no TV week; the Transportation Department should
8 expand its efforts to promote mass transit, biking, hiking and
9 other modes of transportation that involve greater physical
10 activity; and the Defense Department should mount campaigns to
11 promote better nutrition and more physical activity among its
12 millions of employees.

13 Thank you very much.

14 DR. KENNEDY: Thank you, Dr. Jacobson.

15 Did you pay him to say that, Dr. Dietz?

16 DR. DIETZ: No, but thank you.

17 DR. KENNEDY: Any questions?

18 (No response.)

19 DR. KENNEDY: Thank you, Michael.

20 Our next presenter is Zy Weinberg.

21 MR. WEINBERG: Good morning. I'm Zy Weinberg, a
22 consultant here in Washington, D.C., and I appear before you
23 today representing two organizations, the National Association
24 of Farmers Market Nutrition Programs and California Emergency
25 Food Link.

26 Our federal nutrition assistance safety net is a very
27 important component in the diets of millions of Americans. As

1 long as this country needs a nutrition safety net, it is
2 incumbent upon us in the government to reinforce it in order to
3 improve the health and dietary benefits available to the most
4 vulnerable members of society.

5 The membership of the National Association of Farmers
6 Market Nutrition Programs consists of states and tribal
7 entities that administer the Farmers Market Nutrition Program
8 or FNMP, a small but highly effective effort aimed at low
9 income women and children that provides benefits to purchase
10 fresh fruits and vegetables at farmers markets. During 1998,
11 this model nutrition, education and intervention program helped
12 1.35 million WIC participants receive fresh produce from nearly
13 9,600 farmers selling at more than 1,500 markets.

14 The FMNP directly reinforces federal and state
15 government initiatives to encourage people to eat five fruits
16 and vegetables per day. Only fresh produce may be purchased in
17 the program, not processed foods, and the program allows women
18 and children to taste different types of produce and learn how
19 to shop for, prepare and store new foods.

20 The FMNP creates positive dietary changes. Seventy-
21 nine percent of WIC recipients say they eat more fresh
22 vegetables and fruit year round as a result of participation in
23 the program.

24 The following quotes are illustrative of the
25 behavioral changes and education provided. "Even after the
26 coupons are gone, my kids want me to buy fruit instead of
27 candy," claimed one Illinois participant. Said one Vermont

1 mother, "My daughter loved going to the market, and she got to
2 fill our bag with veggies she picked herself. She was always
3 excited to eat anything we got at the farmers market." "My
4 four-year-old loves seeing carrots with the greens still
5 attached so he could see how they grow," noted a Massachusetts
6 mom.

7 My message in summary, support and expand the Farmers
8 Market Nutrition Program It helps children and parents become
9 excited about eating good, fresh produce, and it has the
10 ancillary benefit of keeping small, urban fringe farmers in
11 business.

12 On behalf of California Emergency Food Link, a
13 statewide food distribution and training organization in our
14 most populous state, I want to address the nutritional quality
15 of government commodity foods provided to the hungry and
16 disadvantaged.

17 USDA is to be commended for instituting an
18 interagency Commodity Improvement Council which has
19 substantially improved the nutritional content and packaging of
20 government foods provided to emergency food distribution
21 agencies. However, there is much more to be done.

22 We need an increase in the quantity of food provided
23 to entities that operate The Emergency Food Assistance Program
24 or TEFAP. Many food banks and food pantries are running short
25 of supplies. They need to help the hungry.

26 Until people are able to provide for themselves, we
27 will need TEFAP. Please help us insure that this is an

1 effective program that gives enough food, good food and
2 instruction on how to use those foods effectively.

3 Thank you for the time to speak this morning.

4 DR. KENNEDY: Thank you, Zy. Thank you.

5 MR. COONEY: Just a comment.

6 DR. KENNEDY: Zy?

7 MR. COONEY: The Deputy Undersecretary Rominger and
8 Undersecretary Schumaker are very big fans of farmers markets
9 and have done a lot in that area. I forget to mention to
10 Michael the most successful project that we have recently is
11 the Department of Defense fresh fruits and vegetable market out
12 of Philadelphia. They deliver to 3,100 schools in Texas fresh
13 fruits and vegetables every day. They'll get them to exercise,
14 too.

15 MR. WEINBERG: Well, your there minutes ran faster
16 than mine when I was timing this, but I know that fresh produce
17 is now being directed to Indian reservations under the food
18 distribution program there, and I also wanted to recommend that
19 perhaps fresh produce be included in TEFAP.

20 Thank you.

21 DR. KENNEDY: Thank you.

22 Our next presenter is Morgan Downey.

23 MR. DOWNEY: Good morning. Thank you. It's
24 delightful to be here. My name is Morgan Downey. I'm the
25 Executive Director of the American Obesity Association.

26 I have three short points really to make in terms of
27 suggestions for the national nutrition summit. First, the key

1 to solving the growing epidemic of obesity is research, and
2 just recently I'd like to bring to your attention the Senate
3 Appropriations Committee, in report language for the
4 Departments of Labor and HHS, had an extensive section which in
5 summary I'll just read the last phrase of it':

6 "The committee encourages the Secretary of Health and
7 Human Services to develop a comprehensive plan for expanding
8 research on obesity at the National Institutes of Health, the
9 Centers for Disease Control and Prevention, as well as
10 education programs for the Department of Education."

11 Just recently we submitted an outline for a
12 comprehensive research plan on obesity to the National
13 Institute on Diabetes, Digestive and Kidney Disorders covering
14 14 areas needed in this field. They include genetics, gender
15 differences, racial and ethnic disparities, childhood obesity,
16 disease process, co-morbid and related conditions, treatment
17 outcomes research, prevention intervention, discrimination and
18 stigma, disability research, the international obesity epidemic
19 and training.

20 We would hope that the national nutrition summit
21 would look at how it can make a contribution to fulfilling the
22 expectations of Congress for a comprehensive plan for research
23 in obesity.

24 Secondly, there is an urgent need for funding of
25 prevention programs on obesity in schools and communities. The
26 increases in childhood obesity are extremely alarming and
27 threaten the duration and quality of life of the nation's

1 school children as much as drugs and violence. Funding is
2 needed to create numerous prevention programs which can be
3 evaluated for their effectiveness in curtailing obesity.

4 Third, we would hope that the national nutrition
5 summit incorporates a broad view of the role of the federal
6 government in the epidemic of obesity. Obesity is treated
7 differently by the federal government than every other cause of
8 preventable death in this country. Other causes of death have
9 aggressive programs for research, prevention and treatment.

10 In obesity, there is a modest research effort,
11 virtually no funding for prevention, and patients desperately
12 needing treatment for their obesity will find doors shut at
13 medicare, medicaid and every other federal health program.
14 Under the Clinton Administration, every federal health proposal
15 has excluded treatment for obesity from its benefits.

16 In September, AOA had the first conference to focus
17 exclusively on the public policy aspects of the obesity
18 epidemic, and we developed the following action plan, which we
19 suggest for consideration as part of the summit.

20 One, the Administration should establish a Cabinet
21 level working group to assess the impact of policies within the
22 United States and globally on the increases in the prevalence
23 of obesity by agricultural, transportation, energy, tax,
24 telecommunications and computing policies and expand and
25 coordinate federal efforts on research and treatment of
26 obesity.

27 I see my time is up. I do have this in written form

1 and will submit it for the record.

2 DR. KENNEDY: Thank you very much.

3 MR. DOWNEY: Thank you.

4 DR. KENNEDY: Our next speaker is Doug Greenaway.

5 MS. RICHARDSON: Good morning.

6 DR. KENNEDY: Good morning.

7 MS. RICHARDSON: I am not Doug Greenaway. My name is
8 Cecilia Richardson. I'm the Nutrition Programs Director of the
9 National Association of WIC Directors, and I'm here today to
10 represent the WIC state and local agencies across the country.

11 WIC is the nation's premiere public health nutrition
12 program. It's well known for its public health successes.
13 With health care reform and joining resources, the
14 accomplishments that WIC has achieved will continue to be
15 challenged if the same level of service is to be maintained.

16 Today, there are other challenges that WIC and the
17 nutrition arena face that would provide opportunities for the
18 program to make a difference in the nutritional health and well
19 being of our nation's families, and these include emphasizing
20 the role of nutrition as a preventive health service,
21 delivering cultural sensitive nutrition messages, along with
22 relevant nutritious foods, promoting breast feeding practices
23 that respond to lifestyle challenges such as those in the
24 workplace, in school and in the public settings;

25 Delivering effective nutrition education by enhancing
26 parenting skills, implementing WIC services and diverse
27 clinical settings, providing consistent nutrition and health

1 messages along with the medical community, modifying the WIC
2 food prescription to meet current dietary inadequacies, taking
3 into consideration the cultural diversity and food acceptance
4 issues;

5 Promoting simple, economical and nutritious meal
6 preparation alternatives appropriate to the twenty-first
7 century lifestyle, teaching thrifty food shopping and food
8 budgeting to the working poor, as well as actively engaging in
9 the education, recruitment and retention of nutrition
10 professionals from minority communities.

11 Along with many other factors, we know that improper
12 infant feeding practices can lead to poor dietary behaviors
13 later in life. The heavy use of high fat foods and sweet
14 drinks can contribute to overweight, obesity and other
15 illnesses. The lack of physical activity likewise can also
16 play a role in the increased rates of obesity.

17 WIC agencies are in a unique position to identify
18 mothers and children who are at risk for obesity and intervene
19 with education referrals in an early stage before long-term
20 patterns of eating and activities habits are formed. The
21 promotion of breast feeding, for example, is one way WIC can
22 play a major role in reducing childhood obesity.

23 In addition, since young children spend much of their
24 time in school and other child care facilities, WIC can partner
25 with these establishments to teach and enforce a message of
26 physical activity and good nutrition. On a broader scale, WIC
27 can also establish community linkages and partnerships to

1 assist in program planning and implementing all strategies for
2 good health, nutrition and lifestyle.

3 In conclusion, WIC has proven to be an effective
4 public health nutrition program. It has been successful in
5 fulfilling its mission and serving a special underprivileged
6 population. We hope that the ongoing challenges that the
7 program faces will be addressed at the national nutrition
8 summit next May so that the service it provides will be
9 enhanced and not compromised.

10 Thank you very much for the opportunity to comment
11 and for your attention.

12 DR. KENNEDY: Thank you.

13 Our next presenter is Barbara Moore.

14 DR. MOORE: Good morning.

15 DR. KENNEDY: Good morning.

16 DR. MOORE: For the record, my name is Barbara Moore,
17 and I serve as president of Shape Up America, a
18 non-profit educational organization located in Bethesda,
19 Maryland.

20 We live in a nation where children do not drink their
21 milk. They drink plenty of soda. They do not eat their
22 vegetables and where young and old alike grow fatter and more
23 sedentary each year, yet dieting is a national obsession.

24 I agree that this is a nation that needs a summit to
25 address this crisis, but my point of view is that next year,
26 the year 2000, is not the right year to hold such a summit.

27 Several years ago when I worked for Dr. Marcy

1 Greenwood at the White House Office of Science and Technology
2 Policy, we used to lament that nutritionists, and, of course,
3 these are our colleagues and our friends, failed to organize
4 themselves as shrewdly as the physicists.

5 The physicists discovered years ago that their
6 projects and their need for resources were of such a scale that
7 they simply had to learn how to organize themselves
8 politically. That is why the big science projects in this
9 country are invariably physics projects. Why can't a
10 nutritionist be more like a physicist?

11 It's my understanding that the model for the upcoming
12 nutrition summit was the 1969 White House conference
13 spearheaded by Dr. Jean Mayer. That meeting is indeed an
14 excellent model. The organizers of the 1969 conference did not
15 schedule their meeting for an election year.

16 They shrewdly held their meeting just after a new
17 Administration had taken office, and I suspect that they did
18 not choose a week in which many folks here in Washington will
19 be planning to be away on vacation and, if not, they will be
20 thinking about the upcoming national conventions and the
21 Presidential election. Hence, my recommendation is to postpone
22 this summit until the first half of 2001.

23 Some of you know that I'm responsible for the
24 non-profit organization, Shape Up Americam founded by former
25 Surgeon General, C. Everett Koop. Our mission is to address
26 the growing prevalence of obesity in America, and, hence, it
27 will come as no surprise that I strongly urge you to identify

1 obesity in America just as Dr. Mayer identified hunger in
2 America at the summit held 30 years ago.

3 Our society has completely transformed itself in the
4 intervening 30 years. In 1969, families with two parents, only
5 one of whom worked, was the norm. We now have a society where
6 both parents work in order to make ends meet, and a growing
7 proportion of households are headed by a single parent.
8 Children are left to their own devices at an increasingly early
9 age to make their own food choices and fill the empty hours
10 between the end of school and the arrival of a parent at the
11 end of the work day.

12 I guess in closing, I would urge you to broaden the
13 scope of your summit to include more than just nutrition if
14 you're going to really tackle obesity in a serious way. We've
15 got to take into account the psychological, the social, the
16 environmental and the economic circumstances that are feeding
17 obesity.

18 I think that I applaud you for opening the process to
19 planning and to accepting outside comments, and thank you for
20 allowing me to share my thoughts with you this morning.

21 DR. KENNEDY: Thank you, Dr. Moore. Just a couple of
22 comments.

23 I've heard both of our Secretaries, Secretary Shalala
24 and Secretary Glickman, on different occasions talk about this
25 summit, and I think the way they've cast it and the way the
26 steering committee has been discussing it is thinking about
27 healthy lifestyles for healthy people.

1 In that context, I think some of the points you've
2 made that however one is defining nutrition, clearly looking at
3 the intersection of a whole range of factors that affect
4 healthy lifestyles, so I think it's with having the focus we
5 have on healthy lifestyles there are an awful lot of
6 activities, discussions, approaches that come in, so I guess I
7 don't see it within the healthy lifestyles scenario as being
8 very rigidly focused.

9 We did have a fairly long discussion about
10 appropriate timing. There were some people who wanted this in
11 1999. We felt in order to get some of the process in the
12 works, 1999 wasn't going to work very well.

13 The problem with a 2001 is you wouldn't have a summit
14 in 2001. Given what it takes to gear up a new Administration
15 in whatever form, you really spend the first year getting your
16 key players in place, and I think to not see this as a summit,
17 as I said in my opening comments, that simply is the one event,
18 the activity in May, 2000.

19 I think for us a very critical issue will be how do
20 we think about the summit as a first step in a longer process,
21 and I think in some ways the linchpin of this will be able to
22 define the logical next steps that emerge from a summit.

23 I think Dr. Rosenberg's comments about some
24 public/private sector interactions, networks, etcetera, and I
25 think it's while we are using the 1969 as a model for the
26 summit from the point of view of there was the White House
27 conference and there were follow up activities, at least the

1 discussion the steering committee has been having, we see the
2 follow up to the May, 2000, summit taking quite different forms
3 than the forms it took in 1969.

4 The point is well taken. We are charging ahead with
5 our May, 2000, event, but thinking about how we structure it in
6 a way that we really maximize what comes out of that summit, a
7 very specific agenda laid out for post activities, including
8 who does what when.

9 Any other comments?

10 (No response.)

11 DR. KENNEDY: Thank you.

12 Our next presenter, Richard Adamson. Good morning.

13 MR. ADAMSON: Good morning. My name is Richard
14 Adamson. I'm the Vice-President for Scientific and Technical
15 Affairs at the National Soft Drink Association.

16 Thank you for the opportunity to participate in this
17 meeting and to provide input for the national nutrition summit.
18 The National Soft Drink Association is a national trade
19 organization of the United States soft drink industry. Our
20 members manufacture, bottle and distribute approximately 95
21 percent of all soft drinks consumed annually in the United
22 States, as well as teas, juices, juice drinks and bottled
23 water.

24 We believe the issue of obesity needs to be addressed
25 based on peer reviewed scientific studies, and we stand ready
26 to interact and work with the agencies on this important
27 subject. It is fair to say that a consensus in the scientific

1 community says that obesity involves three major factors,
2 genetics, energy intake and energy expenditure. Let me briefly
3 address these latter two factors.

4 In the United States, a high intake of energy is
5 influenced by a plentiful, inexpensive food supply with energy
6 dense foods served in large proportions along with a clean your
7 plate societal message. However, various studies in the
8 literature, including those conducted by Michael Gibney and co-
9 workers, Bolton, Smith, Woodward, Song and others, have shown
10 that sugar does not play a major part in obesity. In fact,
11 these studies showed an inverse relationship between sugar
12 intake and obesity.

13 A second major determinant of the prevalence of
14 obesity is a dramatic decrease in physical activity, especially
15 in children. For example, one poll in 1997 showed that when
16 1,500 parents and one of their children were polled, only 22
17 percent of U.S. children are physically active for 30 minutes
18 every day of the week.

19 A recent publication in 1999 in Medicine and Science
20 and Sports and Exercise summarizes the conclusion of a
21 scientific round table on the role of physical activity in the
22 prevention and treatment of obesity. As noted in this report,
23 two cross-sectional studies on children, 700 children each,
24 correlated lower levels of physical activity with high levels
25 of body fatness.

26 Also referenced in this report was a study conducted
27 by researchers in Minnesota which demonstrated that body weight

1 correlates in adults with high intensity exercise in men and
2 with high intensity exercise and walking in women.

3 In conclusion, the National Soft Drink Association
4 welcomes a rational discussion and review of the scientific
5 literature concerning the causes and prevention of obesity. We
6 will submit additional comments for the record, and we stand
7 ready to work and interact with the agencies on this very
8 important subject, but we also recommend you add physical
9 activity to the agenda.

10 Thank you.

11 DR. KENNEDY: Thank you, Mr. Adamson. Thank you.

12 Our next present is Richard Keelor, the Sugar
13 Association.

14 MR. KEELOR: I'm Richard Keelor, president of the
15 Sugar Association.

16 The Association commends the goal of the national
17 nutritional summit for its commitment to excellence and in
18 particular its willingness to fully explore serious resolution
19 of the obesity epidemic. My purpose here is to give our view
20 of what is required if, as a nation, we are to move from
21 science to research application and from identification of the
22 issues one more time to meaningful intervention.

23 I'll hit three basic topics. The multi-factor nature
24 of obesity, not government restrictions on specific foods, must
25 be emphasized. Accordingly, physical activity must become the
26 centerpiece of any successful national campaign on obesity.
27 This demands full professional representation by the legions of

1 physical educators and physical fitness professionals, many of
2 whom have their societies and their associations in this city,
3 and many of them are doing outstanding jobs with strong
4 programs.

5 To be effective, this summit must include an
6 interdisciplinary representation from practitioners and not
7 just the researchers. We believe that obesity is not actually
8 the problem. Instead, it's a symptom of what happens when a
9 culture experiences the creeping effects of more and more
10 sedentary work, recreation and personal habits and abandons its
11 responsibility to educate the whole child.

12 If our population led the world in illiteracy, would
13 we not focus on reading and writing skills in our schools? So
14 why are we surprised when physical education is no longer
15 required in our nation's schools and we lead all advanced
16 industrial nations in fatness and sedentary lifestyle? I might
17 point out that the decline of required physical education began
18 in the late 1970s and correlates very nicely with the explosion
19 of the obesity epidemic.

20 Point two is inclusiveness. This must be the
21 hallmark of the summit if it is to have maximum credibility.
22 That is, all elements of the food industry must be
23 appropriately represented as partners and become part of the
24 solution to this nationwide problem.

25 Three, all dietary recommendations must be
26 transparent and based on peer reviewed science and must mirror
27 the context of the totality of scientific evidence.

1 Finally, the recognition of the relation between
2 nutrition and inactivity and chronic disease has shifted
3 recently from the food and diet relationship from a balanced
4 benefit, a sustenance, pleasure, health and well being, to a
5 medicinal tactic to improve health.

6 The shifting standard was demonstrated last September
7 when a member of the Dietary Guidelines Advisory Committee
8 noted that the phrase "risk factor" was used 3,000 times to
9 describe foods, while the word "enjoy" was used only twice in
10 the revised dietary guideline text. This is bad. This is a
11 bad message to send to Americans, and it is an equally harmful
12 mind set from which to formulate public policies.

13 Foods must be judged within the context of total
14 diets. Foods are neither good nor bad, nor are they good or
15 bad medicine. This prospective trend should not be the basis
16 for federal policy and nutritional guidelines now or in the
17 future.

18 DR. KENNEDY: Thank you. Enjoy a variety of foods.
19 Our next presenter is James Weill.

20 MR. WEILL: Good morning. I'm Jim Weill. I'm
21 president of the Food Research and Action Center, which is a
22 national organization working for more effective policies to
23 eradicate domestic hunger and undernutrition. We appreciate
24 the opportunity to provide input on the summit this morning.

25 Like the 1969 White House Conference, this summit has
26 great potential to stimulate new approaches and productive
27 action on a number of fronts, and many people today are going

1 to discuss why the increase in obesity in this nation and the
2 decrease in physical activity both should be of great concern,
3 as they should be, but we would urge that the summit, in
4 addition, pay equal attention to the issues of the health and
5 nutrition needs of low income people.

6 The summit presents an important opportunity to
7 develop three themes regarding the nutrition and health of low
8 income people in this country. The first is recognition of how
9 far we've come since 1969. Economic growth plus food stamps,
10 WIC and the child nutrition programs have eliminated much of
11 the deepest malnutrition and even starvation that were present
12 in this nation in poor areas of the nation in the 1960s, and
13 gains have continued in this decade in programs like WIC and
14 after school food and school breakfast.

15 Second, these gains over the past 30 years give us a
16 strong base, but there's a real need to build further on that
17 base because there is still disturbingly high levels of hunger
18 and food insecurity in our nation. As you know, having done
19 the study, 31,000,000 people live in households suffering
20 hunger or food insecurity even today.

21 Many of the employment gains of the last few years
22 for low income people have been offset by losses in food stamps
23 and health insurance, even though the families are still
24 eligible for these benefits, so we need not only to recognize
25 and celebrate the 30 years of gains, but also to understand
26 where and why we're still falling short and how we can plan to
27 close the remaining gap.

1 Third, our society is learning more and more about
2 the links between low income, hunger, undernutrition and
3 health. We urge that the summit serve also as a way to explore
4 these links so there's a deeper understanding of how and why
5 low incomes and too little good nutrition manifest themselves
6 in adverse health outcomes, whether those outcomes are anemia,
7 lead poisoning or obesity.

8 Finally, I'd note that at the midpoint between today
9 and the summit, at the end of February, several hundred anti-
10 hunger advocates and nutrition service providers will be coming
11 to D.C. for FRAC's annual conference, which we're holding in
12 cooperation with Second Harvest here in D.C. We welcome you to
13 think about ways that FRAC's event can help develop and
14 strengthen the summit and build momentum for addressing these
15 issues.

16 We hope that the summit highlights the themes we've
17 outlined and leads to move actions in these areas, for surely
18 insurance food security is the foundation of any healthy
19 lifestyle. We and the hundreds of anti-hunger organizations
20 and service providers with which we work around the country in
21 every state are eager to work with you and to work at the
22 summit to highlight these linkages and to put into action plans
23 for a healthier nation.

24 Thank you for the opportunity to speak.

25 DR. KENNEDY: Thank you, Jim.

26 Again, under some of these general categorizations
27 when we talk about healthy lifestyles for healthy people,

1 clearly both in USDA and I'm thinking about some of the
2 discussions we've had with HHS in developing in HHS developing
3 Healthy People 2010, there's been a lot of discussion and
4 attention devoted to under served populations, so I think some
5 of the issues you've highlighted get nested in that.

6 In the one pager we have here, we do talk about the
7 USDA nutrition programs as one enormously important vehicle.
8 We reach currently about one out of every six Americans. How
9 do we use that network in a way that's even more aggressive in
10 dealing with some of the issues you've outlined? So the point
11 is well taken.

12 I'd like to acknowledge somebody who has joined us,
13 Deputy Undersecretary Julie Paradis. We're not going to let
14 you sit back there, Julie. We have a place up here for you.

15 MS. PARADIS: I can't stay, but I'll stay for --

16 DR. KENNEDY: Thank you.

17 MS. PARADIS: You're welcome.

18 DR. KENNEDY: Great. Chime in at any point.

19 Ed?

20 DR. COONEY: I'd like to thank Jim Weill for his
21 offer of publicizing the summit at the FRAC meeting. We would
22 like all of your mailing lists and labels, but we are expecting
23 somewhere in the neighborhood of 1,500 to 2,000 people, so I
24 know some people do vacation during that period. There will be
25 a lot of people here having this agenda.

26 I'd also like to thank Jim for employing me for 18
27 years.

1 MR. WEILL: I'd just add we'd be glad to give you our
2 mailing list, but we're also focusing on nutrition and health
3 for low income people, and we want to integrate some of the
4 themes you're building up to and the workshops, the plenaries,
5 and encourage the people planning the summit to use us to try
6 out ideas and try out events and workshops.

7 DR. KENNEDY: Thank you.

8 The next presenter, Dr. Fran Cronin, formerly with
9 USDA.

10 DR. CRONIN: I'm Fran Cronin, and I am on the Board
11 of Directors of the Society for Nutrition Education.

12 SNE welcomes the opportunity to comment on the plans
13 for the national nutrition summit. We commend both USDA and
14 DHHS for recognizing the great potential of a nutrition summit.
15 We believe it holds an opportunity to increase the appreciation
16 for the link between food, nutrition and health, and it also
17 can be a stimulus for action.

18 The increase in overweight, obesity and the lack of
19 physical activity in this country are critical issues. They
20 deserve attention. As nutrition educators, we urge you to take
21 a very broad view of these issues.

22 There are no quick fix interventions. Solving them
23 will require comprehensive, well planned, coordinated and
24 funded efforts to improve nutrition and physical activity among
25 all population groups. SNE also urges you to pay particular
26 attention to the nutrition and fitness needs of children.

27 While SNE believes that obesity and physical activity

1 are important issues, we strongly encourage the summit planners
2 to broaden the themes of the conference. For example, recent
3 USDA reports of hunger and food insecurity among low income
4 households show the importance federal nutrition programs play
5 in reducing food insecurity. We urge the issue of food
6 security to be on the summit agenda.

7 The nutrition summit should also highlight the need
8 for integrated nutrition education programs. We believe this
9 is particularly true of integrated nutrition education programs
10 for children.

11 Finally, the nutrition summit should highlight not
12 only the importance of the basic research in health, food and
13 nutrition, but also the critical need of more research to
14 understand the social, economic, psychological and
15 environmental factors that shape food choices.

16 SNE has submitted much longer written testimony, and
17 we appreciate the opportunity to provide our comments on the
18 national nutrition summit. We are willing to contribute in any
19 way we can to achieving a meaningful and productive summit.

20 Thank you very much.

21 DR. KENNEDY: Thank you, Dr. Cronin.

22 Our next presenter, Susanne Murphy. Sorry. Susanne
23 Gregory.

24 MS. GREGORY: Good morning. I'm Susanne Gregory with
25 the Association of State and Territorial Public Health
26 Nutrition Directors. The Association represents the leadership
27 responsible for nutrition policy and programs in every state,

1 territory, possession and the District of Columbia.

2 First, the Association wishes to reinforce the
3 concept of partnership in the planning process in preparation
4 for the national summit and also for the important work that
5 needs to be done and addressed to address our most important
6 nutrition issues in this nation. We propose a definition of
7 partnership that reflects true collaboration, joint effort and
8 shared responsibility for the outcomes.

9 As research tells us, outcomes are always improved
10 when stakeholders are part of the process and not just
11 recipients of the product, and this association is willing to
12 be an active, vital partner in helping define a process for
13 that partnership.

14 The following are key issues identified by our
15 membership. The first, environmental support, is a primary
16 strategy to promote behavior change in nutrition and physical
17 activity. The target environments are communities,
18 neighborhoods, work sites, schools, day care, health settings
19 and the faith community and business communities, employers.
20 Ideally, all of these environments would be delivering
21 consistent recommendations reaching multiple household members
22 in multiple settings.

23 Categorical food and nutrition programs must focus on
24 health promotion/disease prevention strategies and be
25 sufficient flexible at the state and local levels to be
26 integrated into community interventions. The meals and food
27 packages should be considered intervention strategies and must

1 reinforce dietary recommendations for health promotion and
2 disease prevention.

3 Environmental support necessitates changes in policy
4 and infrastructure to promote behavior change. Educational
5 strategies are ineffective unless the environment in which
6 they're delivered makes it easy to practice these behaviors
7 being promoted, so we must create stronger connections between
8 what we say and what we do.

9 Second, new partnerships are needed at the federal,
10 state and local level to make environmental support for
11 nutrition and physical activity a reality. Traditionally,
12 nutrition and, more recently, physical activity have been the
13 domain of DHHS and USDA in terms of federal policy, and new
14 partners are needed at all levels, including transportation,
15 public safety, parks and recreation, community/rural planning,
16 agriculture, etcetera, but it's important to think about those
17 participants as well in a national nutrition summit.

18 Our third issue. Obesity is a significant and
19 insufficiently recognized public health problem, and in
20 formulating the strategies for obesity prevention and control
21 we must customize to the needs of diverse communities. If
22 behavioral choices are the contributors to obesity, then the
23 array of responses must be customized and tailored to meet the
24 needs of specific populations and groups.

25 Obesity prevention and control must now become an
26 explicit part of the agenda for public health programs
27 addressing the entire range of chronic diseases, as well as

1 programming for nutritional and physical activity.

2 Our next issue for consideration would be food
3 insecurity, and that remains a significant problem affecting
4 approximately ten percent of the population. We're at risk of
5 losing sight of this need unless we understand the health
6 disparities that come with poverty and with inadequate access
7 to food.

8 DR. KENNEDY: Do you want to just tick off your other
9 issues, because we've run out of time?

10 MS. GREGORY: Sure.

11 DR. KENNEDY: And if you have written comments, then
12 --

13 MS. GREGORY: There are.

14 DR. KENNEDY: Okay. Thank you.

15 MS. GREGORY: Thank you. Can I say the last thing?

16 DR. KENNEDY: Sure.

17 MS. GREGORY: That policy and program response time
18 needs to be shortened.

19 DR. KENNEDY: Uh-huh.

20 MS. GREGORY: Thank you.

21 DR. KENNEDY: I personally look forward to more
22 interaction on this process and how these new partnerships
23 would emerge. I think that's going to be the challenge for all
24 of us. Thank you.

25 Our next presenter is Miyun Park. Good morning.

26 MS. PARK: Good morning. I'm Miyun Park for People
27 for the Ethical Treatment of Animals, PETA, an international

1 animal rights organization with more than 600,000 members
2 worldwide.

3 In planning for the national nutrition summit, please
4 accept the following comments on behalf of our members
5 regarding the nation's epidemic of obesity. As there exists an
6 abundance of scientific data indicating causality between a
7 diet based on meat and obesity, PETA believes that the
8 nutrition summit should focus on educating Americans about the
9 benefits of a low fat, vegetarian diet.

10 The fact is that animal products contain high amounts
11 of fat compared to plant based foods since fat permeates animal
12 flesh and is abundant in their muscles. Each gram of fat
13 contains nine calories, compared to the four contained in a
14 gram of carbohydrates. Nutrition expert Dr. Dean Ornish says,
15 "Simply put, eating fat makes you fat."

16 Food from plants, on the other hand, contain "very
17 little fat with very few exceptions" and are high in complex
18 carbohydrates. Of course, meat contains absolutely no
19 carbohydrates and no fiber, another nutrient essential to the
20 maintenance of a healthy weight. Thus, Dr. Ornish has had
21 remarkable success allowing people to eat more and weigh less,
22 to use the title of one of his books, by putting them on a low
23 fat, vegetarian diet.

24 In support of the findings that the chemical makeup
25 of plant based foods, in contrast with that of meat, is
26 effective in preventing and overcoming obesity, we have
27 overwhelming scientific evidence proving that vegetarians are

1 in fact more resistant to obesity than meat eaters. A
2 multitude of studies show that vegetarians are leaner than meat
3 eaters.

4 One study published in the New England Journal of
5 Medicine found that the average vegetarian weighs significantly
6 less than the average meat eater. In another, "Researchers
7 have found that on average people on vegetarian diets are a
8 good ten percent leaner than omnivores." Brown, et al.,
9 concluded that vegetarians had a higher chance of not being
10 overweight than meat eaters.

11 For those working to overcome obesity, "It is much
12 easier to lose weight on a plant centered diet than on a meat
13 centered diet. Many people when first adopting a vegetarian
14 diet lose several pounds without trying and without going
15 hungry."

16 The scientific evidence could not be more clear. A
17 vegetarian diet can be used both to prevent and to reverse
18 obesity. At the same time, it helps people to avoid the fatal
19 diseases associated with meat eating and obesity, especially
20 heart disease.

21 The only two studies in human history that have
22 successfully reversed heart disease, by far America's biggest
23 killer, have included an exclusively vegetarian diet as a part
24 of their programs. On the Ornish and Esselstein programs,
25 patients become heart attack proof by getting their cholesterol
26 levels below 150, the level below which no one has ever been
27 documented as having died of a heart attack. The average

1 cholesterol level for vegans, complete vegetarians, is even
2 lower at 128. People who consume animal products are also 40
3 percent more susceptible to cancer and at increased risk for
4 many other illnesses, including stroke, appendicitis, arthritis
5 and diabetes.

6 We respectfully ask that the national nutrition
7 summit strongly emphasize the benefits of vegetarianism and
8 that such a lifestyle be promoted as the solution to the
9 epidemic of obesity.

10 Thank you.

11 DR. KENNEDY: Thank you.

12 Our next presenter is Tracy Fox.

13 MS. FOX: Good morning.

14 DR. KENNEDY: Good morning.

15 MS. FOX: I'm Tracy Fox with ADA's Government
16 Relations Office, and first I want to say, as everyone has, ADA
17 commends USDA and HHS for holding this listening sessions to be
18 used in planning a national nutrition summit.

19 We believe the summit should focus on substantive
20 approaches and policies that will address major public health
21 problems in the United States. Among those are obesity and
22 diabetes in children and adults, particularly in certain ethnic
23 groups, nutrition needs of the elderly and finding the right
24 incentives and interventions that promote healthy lifestyles
25 for a vast majority of Americans.

26 We hope the summit moves beyond traditional areas of
27 research and emphasizes effective implementation strategies.

1 The work of the dietary guidelines committee and the various
2 symposia held by USDA have provided a sound research base. It
3 is now time to implement successful strategies.

4 ADA's specific suggestions for the summit are make
5 food security a nutrition priority, link summit priorities with
6 Healthy People 2010 with a strong focus on disease
7 prevention/interventions that are proven successful, highlight
8 effective strategies and policies to improve the nutritional
9 status of women of child bearing age, pregnant women and
10 infants;

11 Focus on how to provide consistent messages and a
12 healthy school environment for school aged children and
13 adolescents, develop strategies to reinforce disease prevention
14 and health promotion messages and interventions throughout the
15 life cycle, especially for nutritionally vulnerable groups,
16 including women and the elderly;

17 Stress the need for access to nutrition
18 intervention/medical nutrition therapy by qualified nutrition
19 professionals for those with nutrition related diseases or
20 conditions, look beyond traditional partnerships and broaden
21 horizons by creating alliances with community groups, physical
22 activity organizations, developers and community planners,
23 stress accuracy of nutrition information.

24 I can't stress this one enough. Scientists, food
25 industry, media, consumer interests, health care providers,
26 government officials and educators must come together to
27 develop an information highway that promotes health and

1 minimizes the current magic bullet environment that we find
2 ourselves in today.

3 Here are some examples of models that have worked
4 well for our organization, the American Dietetic Association,
5 to provide the bridge between sound science and its application
6 by American consumers. The Dietary Guidelines Alliance is a
7 public/private partnership of food industry, health community
8 and federal government representatives with a mission of
9 helping consumers incorporate the dietary guidelines into their
10 every day lives. The unveiling of the 2000 guidelines makes
11 this alliance even more critical in identifying effective
12 communications strategies for consumers.

13 ADA spokesperson program responds to the public's
14 need for credible and objective food/nutrition information
15 through media outreach. ADA's physician nutrition education
16 program and the recently formed dietary supplement partnership
17 are examples of projects that educate providers, a critical
18 link in our health care system, about important public health
19 issues.

20 Once again, we're pleased that USDA and HHS are
21 holding a summit that has the potential to affect the quality
22 of lives for all Americans. The linkages between food,
23 nutrition and health deserve a fresh look in 2000.

24 DR. KENNEDY: Thank you.

25 MS. FOX: Thank you.

26 DR. KENNEDY: Our next presenter, Jean
27 Charles-Azure. She's not here.

1 VOICE 1: Right there.

2 DR. KENNEDY: Sorry. Welcome.

3 MS. CHARLES-AZURE: Good morning. I'm Jean Charles-
4 Azure, the principal nutrition consultant for the Indian Health
5 Service in Rockville, Maryland. I appreciate the opportunity
6 to provide input to the May, 2000, national nutrition summit.

7 The good news is that progress has been made
8 regarding the nutritional health of American Indians and Alaska
9 natives. In May, 1969, the National Institute of Child Health
10 and Human Development, the Indian Health Service and the
11 American Academy of Pediatrics Committee on Indian Health co-
12 sponsored a conference on nutrition, growth and development of
13 North American Indian children.

14 The conference included discussions regarding
15 strategies to better understand, correct and prevent
16 malnutrition. Malnutrition is no longer the leading health
17 problem for American Indians and Alaska natives. Today, the
18 leading causes of morbidity and mortality among American
19 Indians and Alaska natives are chronic diseases such as
20 diabetes and heart disease. These increasing rates of chronic
21 disease are thought to be linked to increasing rates of
22 obesity.

23 From 1992 through 1994, the diabetes mortality rate
24 for American Indians was 3.3 times that of the U.S. general
25 population. Several tribes have the highest rates of diabetes
26 in the world. Forty percent of American Indians and Alaska
27 native children are obese. Native Americans are the poorest

1 racial group in the nation.

2 These are my recommendations. I recommend that a
3 panel of nutrition experts who have extensive experience
4 working with American Indians and Alaska natives in their
5 communities be included among the presentations at the national
6 nutrition summit in May, 2000.

7 The topics that they might address -- and I could
8 give you names of possible presenters -- would include
9 information that was obtained from the Navajo health and
10 nutrition survey, also the strong heart study and also the
11 progress of the Indian Health Service Head Start obesity
12 prevention initiative and also some expertise on the
13 nutritional health of American Indian/Alaska native elders and
14 also perhaps the outcomes of the American Indian/Alaska native
15 medical nutrition therapy outcome survey and also the pathways,
16 which was an intervention for prevention of obesity in American
17 Indian children.

18 I think looking at these strategies would be helpful
19 in developing future strategies and policy for Native Americans
20 and health.

21 DR. KENNEDY: Thank you.

22 Our next presenter is Robert Cohen.

23 MR. COHEN: Good morning.

24 DR. KENNEDY: Good morning.

25 MR. COHEN: My name is Robert Cohen. I'm the
26 Executive Director of the Dairy Education Board.

27 I'd like to challenge this panel and everybody in the

1 audience. Tomorrow start your day an hour earlier and drive by
2 the poorest neighborhood in Washington, the poorest
3 traditionally African-American school, and you look at those
4 children in the school yard. They're getting no lack of
5 exercise, and they get no lack of exercise in school, but I
6 want you to see how roly-polly fat those little kids are,
7 especially those nine year old girls. Eighty percent of
8 American-Africans have breasts now developing.

9 We're here, one of the reasons, is because America is
10 overweight. There's an epidemic of obesity. We hear this over
11 and over again. Malnutrition is very interesting. Around the
12 world, we all know these pictures of children from Biafra and
13 Nigeria with bones sticking out of their body. The poorer you
14 are, the skinnier you are, everywhere except for America. The
15 poorer you are in America, the fatter you are. What's going on
16 here?

17 We want you to know that we've got 10,000,000 species
18 of life on this planet. We've got billions of different
19 proteins in nature. We've got 40,000 different mammals,
20 hundreds of millions of hormones. We've got just one hormone
21 in nature that is exactly alike between two species of animal.
22 Overweight, eating, growing is about growth, and it's about
23 growth hormones.

24 The most powerful growth hormone in the human body
25 was only discovered 20 years ago. It looked like insulin.
26 They called it insulin like growth factor or IGF-1. IGF-1 is
27 identical like a key fitting a lock, identical in the human

1 body and the cow body.

2 I want you all to know that the USDA publishes a
3 book, Judy Putnam and Jane Nallhouse, on food consumption.
4 Last year the average American ate, with all that fat in it,
5 six ounces of meat and chicken, six ounces, and 29.2 ounces of
6 milk and dairy products per person per day. That's 666 pounds
7 a year.

8 There's a Japanese study published in the Journal of
9 Nutrition in 1978. Japan never drank milk. In 1946, they got
10 their first cows. By 1950, the average Japanese was consuming
11 5.5 pounds a year of milk and dairy. By 1975, it was 117.4
12 pounds, a tremendous increase in just 25 years. The average 12
13 year old girl during that period gained 19 pounds, grew four
14 and a half inches, and the age of her menses went from 15.2
15 years down to 12.2 years.

16 We've got behold the power of cheese. It's the dairy
17 industry's new market myth here. In 1960, the average American
18 ate ten pounds of cheese. It takes ten pounds of milk to make
19 a pound of cheese. Today, it's 30 pounds of cheese. Every sip
20 of milk, you've got estrogen and progesterone and testosterone,
21 59 different bioactive hormones. In your life, women, you're
22 going to naturally manufacture one tablespoon of estrogen.
23 We're talking about eating estrogen every day and testosterone.
24 These hormones work.

25 In conclusion, I want to say that I challenge you.
26 Forty percent of our food is milk and dairy. I challenge you
27 to have panel discussions, and I'd like to be there. Donna

1 Shalala's milk moustache ad should have been banned, and Bill
2 Clinton wearing a milk moustache? If he drinks milk or eats
3 ice cream, he'll go into an epileptic shock and die.

4 Thank you.

5 DR. KENNEDY: We hope the President is going to be
6 with us for awhile, but anyway. He still seems to be going
7 strong.

8 Thank you, Mr. Cohen.

9 Our next presenter is David York.

10 MR. YORK: Good morning.

11 DR. KENNEDY: Good morning.

12 MR. YORK: I'm David York. I'm the current president
13 of the Northern American Association for the Study of Obesity,
14 and I'm here to represent an association of over 1,200
15 scientists, clinicians and other health care professionals
16 working in the field of obesity.

17 This summit will be a much needed and timely meeting.
18 America leads the world in the prevalence of obesity. The
19 epidemic rise in prevalence basically in adults and the
20 frightening rate of increase in our children emphasizes the
21 critical need for action now.

22 The significance of this continual increase in
23 obesity has not been addressed appropriately by senior levels
24 of government or by the general public. The causal
25 relationship between obesity with so many serious medical
26 complications has an immense impact on the health of this
27 nation and on the costs of health care.

1 The importance of developing coherent strategies to
2 stop the increase in obesity prevalence and subsequently
3 reducing its prevalence cannot be understated. It is so
4 important, we believe, that any actions must involve the
5 Surgeon General's office. This office was very successful in
6 enhancing public awareness of smoking. A similar initiative is
7 now needed for obesity.

8 We would promote four major topic areas for the
9 agenda, strategic initiatives, public education, lifestyle
10 changes and health care provision. Strategically we recognize
11 the government alone cannot solve the problem of obesity. Any
12 action plans must include the development of public/private
13 partnerships that will include relevant government agencies,
14 medical and scientific associations dealing with obesity,
15 employers' organizations, the unions, and educational
16 authorities. This should be a major agenda item.

17 The public information agenda should include the need
18 to increase awareness of individual weight status or BMI, the
19 health risks of overweight and obesity and should identify
20 mechanisms to reduce the vulnerability of the obese to
21 fraudulent claims of weight loss treatments.

22 The lifestyle agenda should include education on
23 appropriate eating behaviors, should emphasize low calorie, low
24 fat foods and should recognize the need to promote physical
25 activity through enhancing opportunities in local communities,
26 the workplace and the schools.

27 Discussion of health care provisions should encompass

1 improved training of health care professionals in preventing
2 and managing obesity, improved patient access to treatment
3 resources and the need for reimbursement for effective
4 prevention and treatment programs.

5 The North American Association for the Study of
6 Obesity is already active in many of these areas here in the
7 USA through its membership of the international obesity task
8 force, which recently published a report on the global epidemic
9 of obesity through the World Health Organization. I strongly
10 encourage all members of this panel to read this report in
11 planning this summit.

12 We strongly support the need for a nutrition summit
13 on obesity. I'm pleased to hear that the membership of the
14 summit will go beyond federal employees to include a wider base
15 of expertise. The North American Association for the Study of
16 Obesity will be pleased to participate in this planning and
17 indicates that it will provide any assistance needed to insure
18 the success of this summit.

19 Thank you.

20 DR. KENNEDY: Thank you.

21 Our next presenter is Jennifer Weber.

22 MS. WEBER: Hello. My name is Jennifer Weber, and
23 I'm speaking on behalf of Advocates for Better Children's
24 Diets, ABCD, a non-profit that is committed to improving
25 children's health through good nutrition and regular physical
26 activity.

27 ABCD appreciates the opportunity to provide input on

1 the national nutrition summit and commends USDA and DHHS for
2 organizing this meeting.

3 There have been many accomplishments, some setbacks
4 and more to be done since the 1969 White House Conference on
5 Food and Nutrition. School meals that meet the dietary
6 guidelines for Americans are now available to children
7 nationwide. Federal programs work well to provide nutritious
8 foods to vulnerable children, but efforts to help children make
9 wise food choices languish.

10 While our knowledge of childhood obesity and other
11 diet related diseases grow, efforts to help children adopt good
12 eating and exercise patterns decline. Often nutrition
13 education programs are uncoordinated and short term. We need a
14 highly visible campaign to cooperate both public and private
15 nutrition and fitness efforts for children. Limited resources,
16 when efficiently combined and effectively coordinated, bring
17 lasting results.

18 ABCD believes it's time for health officials to
19 recognize that childhood obesity and nutrition concerns are
20 community problems. Thus, the community must be called to
21 participate in promoting children's health. Just as a campaign
22 for tobacco free kids has focused the nation on the ill health
23 resulting from smoking, we need to get schools, neighborhoods,
24 households and kid entertainment focused on enabling kids to be
25 nutritionally fit.

26 Given the chance and the encouragement, young
27 children can adopt healthy behaviors they will carry into

1 adolescence and adulthood. Efforts need to begin at home and
2 continue throughout the community.

3 The role of the federal government should be to
4 demonstrate strong leadership in assuring our kids are
5 nutritionally fit. It must better coordinate childhood
6 nutrition education activities and educate the community on
7 their role and responsibility in encouraging physical activity
8 and healthful eating among children.

9 This is an ideal time to bring together the elements
10 of successful programs and to develop an action plan to make
11 children's health a high priority in our society. We need to
12 get commitments of support and resources from the public and
13 private sectors to insure an environment where children have
14 the chance to choose a healthful lifestyle.

15 The national nutrition summit should be an action
16 driven summit that lays out well defined, measurable goals for
17 critical partners in the community that have a role in
18 children's health. For example, after school programs can
19 include physical activity and nutrition education. Movie
20 theaters, libraries and sport clubs can provide healthy snack
21 choices, and fund raising activities can sell non-food items.
22 These are just a few examples.

23 To raise a healthy child calls upon all of us to work
24 together as a community to give children opportunities to be
25 more active and choose healthier diets.

26 Thank you.

27 DR. KENNEDY: Thank you.

1 DR. COONEY: This year's appropriations bill requires
2 that the Department file with the Appropriations Committee a
3 plan for nutrition education across agencies. Undersecretary
4 Watkins' office is working on that with other agencies here,
5 and so that will probably be out before the summit, so it would
6 be of use, I think.

7 DR. KENNEDY: Thank you.

8 Our next presenter is Susan Borra.

9 MS. BORRA: Good morning. Good morning, and thank
10 you for the opportunity to recommend some topics for the May,
11 2000, national nutrition summit.

12 I'm Susan Borra, and I'm with the International Food
13 Information Council, and we're a non-profit organization whose
14 mission is to communicate sound, science based information on
15 food safety and nutrition. IFIC is supported primarily by the
16 broad based food and beverage and agriculture industries.

17 Now, we know that consumers are concerned about
18 nutrition, and they are aware that achieving a healthy diet is
19 important for good health. However, even after 20 years of
20 dietary guidance, the data show that very few people are
21 actually achieving this goal. There appears to be a real
22 disconnect between what people want to do and what they can
23 actually do in regards to eating healthfully.

24 The International Food Information Council strongly
25 believes that to help the public achieve a healthful diet and a
26 physically active lifestyle, the following should be some key
27 themes for this summit.

1 First of all, the summit should address the
2 importance of science based and consumer driven nutrition,
3 health and physical activity communications. Secondly, the
4 summit should emphasize the role and importance of public/
5 private partnerships for consistent message development and
6 delivery.

7 Research from USDA and DHHS emphasize efforts to
8 promote healthy lifestyles for consumers must include the
9 following. They must focus on behavior change, have a strong
10 consumer orientation and use multiple reinforcing interactive
11 channels. IFIC has used these guidelines in developing
12 consumer messages grounded in sound science.

13 For example, the current dietary guideline on dietary
14 fat says choose a diet low in fat, saturated fat and
15 cholesterol. We took this message to consumers and said help
16 us develop a message that might really work. Using this
17 research model, we developed a consumer friendly message on
18 dietary fats that came out foods with fat can fit. Moderate,
19 don't eliminate. Consumers told us this message works because
20 it's understandable, achievable and empowered them to act.

21 We continued to use this model of consumer driven
22 nutrition and health messages, a consumer driven model for
23 nutrition health message development, for things like sugars
24 and sweet foods, for functional foods, food safety, and we're
25 just embarking on using this model to develop messages for
26 childhood obesity prevention, which we'll be happy to share in
27 the future.

1 My second point, public/private partnerships. These
2 can be instrumental not only to the development of messages,
3 but also for broad and consistent delivery of these messages
4 and possible real solutions. IFIC has enjoyed a history of
5 partnership with an array of government agencies, including the
6 Department of Agriculture, National Institutes of Health and
7 President's Council on Physical Fitness and Health.

8 The other partnership I want to mention is the
9 Dietary Guidelines Alliance that Tracy mentioned earlier, and
10 that's really a clear example of how public/private
11 partnerships can work. Using a consumer based model, the
12 alliance developed the It's All About You campaign, and it was
13 developed to provide simple, positive messages to achieve
14 healthy, active lifestyles. As liaison members of the
15 alliance, both agencies do have the opportunity to feature this
16 partnership and the program as a model at the summit.

17 I thank you very much for the opportunity to present
18 this information. Thank you.

19 DR. KENNEDY: Thank you, Sue.

20 DR. COATES: I get to give Eileen a bit of a break
21 now, and I'll introduce the next round of speakers beginning
22 with Maureen Storey.

23 MS. STOREY: I thought you were going to say we were
24 going to take a break period.

25 Good morning. My name is Maureen Storey. I'm
26 Associate Director of the Georgetown University Center for Food
27 and Nutrition Policy. The Georgetown Center's primary mission

1 is to train and mentor graduate students who are seeking a
2 Master's of Public Policy degree.

3 In addition, we conduct and publish independent
4 research on food safety and nutrition issues, and we organize
5 several conferences and forums and round tables each year in
6 which scientists, policy makers and regulators report on,
7 debate and analyze food and nutrition policy issues.

8 There are three points I'd like to make with regard
9 to the national nutrition summit. I encourage the planning
10 committee to, one, involve qualified scientists from all
11 segments, including academia, government and industry, in the
12 planning, implementation and participation in the summit. All
13 points of view should be heard and considered to achieve a
14 balanced approach when setting policy for the population.

15 Two, assure that the outcome of the summit is science
16 based. Outcomes should not be driven by untested theories or
17 media hyperbole.

18 Finally, affirm that any recommendation stemming from
19 the summit is attainable in a real world application based on
20 real world consumer behavior. Policies designed for the
21 population as a whole or even a targeted population like WIC
22 should not be based on the exaggerated consumption habits of a
23 few.

24 Assuming that overweight and obesity is a probable
25 agenda item, I urge the planning committee to provide equal
26 attention to the physical activity side of the energy balance
27 equation. These are inextricably linked, to borrow words from

1 Dr. Rosenberg.

2 Thank you for this opportunity to share my comments.

3 DR. COATES: Thank you very much.

4 Are there any questions?

5 (No response.)

6 DR. COATES: Connie Weaver is the next speaker.

7 Connie wears a number of hats. Please tell us the one you're
8 going to be wearing today, Connie.

9 DR. WEAVER: I'm Dr. Connie Weaver. I'm a member of
10 the board of trustees, the North American branch of the
11 International Life Sciences Institute of ILSI.

12 On behalf of ILSI, I want to thank the steering
13 committee for initiating the planning of the national nutrition
14 summit. As many of you know, ILSI is a worldwide foundation
15 that makes a difference in public health by advancing the
16 understanding of scientific issues related to nutrition, food
17 safety, toxicology and the environment.

18 By bringing together scientists from academia,
19 government, industry and the public sectors, ILSI seeks a
20 balanced approach to solving problems with broad implications
21 for the well being of the general public. As such an
22 organization, ILSI would like to offer the following comments
23 to the steering committee as it initiates planning of the
24 national nutrition summit.

25 The summit's review and discussion of specific topics
26 and the recommendations resulting from the summit should be
27 grounded in credible, up to date science. The scope of the

1 national nutrition summit should reflect the broad nature in
2 which food and nutrition affects the health of the American
3 public.

4 The important scientific issues to be addressed by
5 the summit should include an assessment of the progress since
6 the 1969 White House Conference on Nutrition, the role of
7 nutrition in extending and enhancing life, and the current and
8 future opportunities leading to improved nutrition and a safe
9 food supply.

10 Specific examples of issues to address might include,
11 one, unique food and nutrition needs of the population with
12 specific attention given to lifespan, gender and condition
13 issues; two, changes in food choice, diet and lifestyle that
14 have occurred with the past 30 years and their impact on
15 American health; three, behavioral and physiological
16 determinants of food choice;

17 Four, nutrition and physical activity to manage
18 energy balance and prevent the risk of becoming overweight;
19 five, scientific rationale for improved nutrition through food
20 choice, macro nutrient substitution, fortification supplements,
21 development of functional foods, agricultural practices; six,
22 relationships between nutrition and food safety.

23 The process for developing the broad, science based
24 agenda for the summit should be open and include government,
25 academia, industry, professional organization and consumer
26 advocacy partners. The summit steering committee should
27 consider extending the summit to allow for a more comprehensive

1 program, and ILSI would be available and honored to work with
2 the steering committee on developing a national nutrition
3 summit program and any follow up activities.

4 Thank you for your time and your consideration and
5 for your efforts in this important endeavor.

6 DR. COONEY: Thank you very much.

7 Can I now ask Alex Hershaft to present some remarks?

8 MR. HERSHAFT: Good morning. My name is Alex
9 Hershaft. I'm the founder and president of FARM, a national
10 public interest organization promoting plant based eating. I
11 hold a Ph.D. in Chemistry from Iowa State University. I have
12 been leading national diet education campaigns for the past 25
13 years.

14 I'm pleased to offer the following propositions for
15 consideration at next year's national nutrition summit to
16 reduce the national incidence of obesity and generally improve
17 the nation's health.

18 One, Congress should stop preferential subsidies for
19 fatty animal agricultural products. Because of their
20 overwhelming political clout, producers of meat and dairy
21 products and their associated feed crops are granted a
22 disproportionate share of American agricultural subsidies.
23 Producers of wholesome vegetables, fruits and grains and
24 legumes raised for human consumption deserve a more level
25 playing field in competing for the American food dollar.

26 Two, USDA should stop using the school lunch program
27 as a dumping ground for meat and dairy surpluses. USDA has

1 long been using the national school lunch program as a dumping
2 ground for surplus commodities purchased to prop up the meat
3 and dairy industries. Consequently, American children acquire
4 lifelong dietary habits in schools where lunch and breakfast
5 fare is loaded with fat, cholesterol and sodium.

6 Three, U.S. and state governments should provide
7 healthful nutrition education in schools. In addition to
8 accepting the meat and dairy surpluses, many schools welcome
9 national fast food franchises and junk food machines.

10 Nutrition education materials pushing the discredited
11 basic four food groups are provided free of charge by the meat
12 and dairy industries. Between the USDA, the fast food
13 franchises and the meat and dairy industries, our kids never
14 have a chance to develop healthy eating habits.

15 Four, the Department of Health and Human services
16 should expand its cooperation with the private sector in
17 promoting healthful eating habits. A brilliant example of that
18 is the formation of the Projects for Better Health Foundation
19 in order to promote the National Cancer Institute's five a day
20 program.

21 Five, dietary guidelines should recommend explicitly
22 a low fat, low calorie, plant based diet. The 1995 dietary
23 guidelines for Americans pay lip service to "choosing a diet
24 with plenty of grain products, vegetables and fruits," and to
25 "choosing a diet low in fat, saturated fat and cholesterol,"
26 yet it fails to recommend the only diet that complies with
27 fully with these recommendations, which is the plant based

1 vegan diet.

2 Thank you.

3 DR. COATES: Thank you.

4 Are there any comments?

5 (No response.)

6 DR. COATES: Our next speaker is David Pryor.

7 MR. PRYOR: Good morning. My name is David Pryor.
8 I'm a director of America's largest annual grassroots diet
9 education campaign, the Great American Meatout. It's now in
10 it's sixteenth year.

11 Culminating on the first day of spring, the meatout
12 campaign brings together thousands of caring people across the
13 nation to stage educational events focused on helping friends
14 and neighbors to quit the meat habit for at least one day and
15 explore a more wholesome and less violent diet of plant based
16 foods.

17 Meatout draws massive support from health providers,
18 educators, public interest advocates, as well as consumer,
19 environment and animal protection organizations, that believe
20 that consumers are entitled to a one day respite from their
21 relentless barrage from the meat industry and government
22 sponsored propaganda in our schools, in the media and on the
23 streets.

24 While it is estimated that five to six percent of the
25 population is currently vegetarian, the fast growth and the
26 selection and availability of meatless foods is sparking an
27 estimated growth rate of around 100,000 per month. This trend

1 is particularly prevalent among teens.

2 Reports from our coordinators in the field suggest
3 that American consumers are confused about nutritional advice.
4 The science supporting a plant based diet is pervasive and
5 massively documented, and, honestly, how many obese vegetarians
6 do you see?

7 According to CDC statistics, over 1.4 million
8 Americans die each year from meat related diseases. It's time
9 for the government and the health community to stop promoting
10 the archaic diet of cholesterol and drug laden meat products.
11 We ask the summit committee to honestly look at the evidence,
12 both empirical and diagnostic, and start promoting an
13 unambiguous, nutritional advice in a more wholesome plant based
14 diet.

15 I'd like to add one thing. I'd like to ask the USDA
16 to also take a more proactive role in working with the fast
17 food industry. I mean, these firms are opening up six to seven
18 new restaurants every day around the world. They're spending
19 hundreds of millions of dollars telling people to eat their
20 products.

21 Quite frankly, this is where most of the people make
22 their food choices, so I think you should probably work a
23 little more aggressively to encourage these firms to offer
24 healthy alternatives.

25 Thank you very much.

26 DR. COATES: Thank you, Mr. Pryor.

27 Jim Hill, representing -- and it will be Bill Layden

1 representing Jim Hill representing --

2 MR. LAYDEN: Thank you, Dr. Coates. I obviously am
3 no Jim Hill. I'm Bill Layden. Dr. Hill expresses his regrets
4 for not being able to participate.

5 Dr. Hill is the director of the Center for Human
6 Nutrition at the University of Colorado Health Sciences Center.
7 He is also the chair of the Partnership to Promote Healthy
8 Eating and Active Living. On behalf of the Partnership, he
9 would like to commend the leadership of USDA and HHS for
10 conducting this public meeting and planning a national
11 nutrition summit.

12 The Partnership is a collaborate initiative between
13 public and private sector experts in nutrition, physical
14 activity, behavior, social marketing in community and public
15 health, public policy health and consumer advocacy
16 communications and consumer research. These experts are coming
17 together from academic, government and industry. It's mission
18 is to promote healthy diet and physical activity lifestyle
19 behaviors through a public/ private multi-disciplinary
20 partnership grounded on consumer understanding.

21 The Partnership is a direct result of a 1997 dialogue
22 conference on the role of fat modified foods and dietary
23 change. The proceedings, published in nutrition reviews, call
24 for partnerships with government, industry and the scientific
25 and professional communities to promote healthy lifestyles.

26 Thirty years ago, President Richard Nixon called for
27 a White House conference on food, nutrition and health to

1 reaffirm the nation's "commitment to a full and healthful diet
2 for all Americans." Thirty years ago this month, after
3 tremendous thought and labor by 26 panels and eight task
4 forces, 5,000 people listened to President Nixon state, "We
5 have come a long way since then," in reference to the Great
6 Depression, "but we have a long way to go.

7 The question is what will we do about it?"

8 The question is still very relevant today. We have
9 come a long way since that landmark conference that focused the
10 nation's attention on hunger, malnutrition and the goal of
11 optimal nutrition for all Americans, but we still have a long
12 way to go.

13 One area in particular need is the need to promote
14 healthier lifestyles. The simple fact is Americans weigh more
15 than they did 30 years ago. The rise in obesity, especially
16 among the nation's youth, is the result of poor eating choices
17 and sedentary lifestyles. What will we do about it?

18 Next month, the federal government launch Healthy
19 People 2010. Like Healthy People 2000, Healthy People 2010
20 encourages public/private partnerships. The Partnership to
21 Promote Healthy Eating and Active Living is an example of the
22 kind of multi-disciplinary public/private partnerships Healthy
23 People 2010 calls for.

24 The Partnerships encourages the two Departments to
25 explore innovative ways to involve and engage the public and
26 private sectors beyond this single planning meeting. One way
27 the Departments could engage both the public and private

1 sectors would be to take advantage of events and activities
2 already planned and underway before the summit.

3 One such activity is the Partnership summit on
4 promoting healthy eating and active living, Developing a
5 Framework for Progress, to be held in Washington, D.C., April
6 25 and 26. The Partnership summit is a call to action to
7 address the rising tides of obesity and other chronic diseases
8 resulting from poor eating choices and sedentary lifestyles.

9 It will provide a forum to broaden understanding of
10 promoting healthy diet and physical activity lifestyle
11 behaviors, enhance interactions among disciplines between
12 public and private sectors and synthesize participants'
13 knowledge and ideas to provide direction on options to promote
14 positive behavior change.

15 Dr. Jean Goldberg from Tufts University, Dr. Russell
16 Pade from University of South Carolina, and Dr. Jim Hill are
17 summit co-chairs. As a foundation for the summit, three
18 working groups already in progress of multi-disciplinary
19 experts from the public and private sectors have started work.

20 While several government officials are actively
21 participating or in liaison with the partnership, we would
22 welcome the opportunity to further link our mutual interest
23 efforts and resources and once again achieve a broad based
24 public/private endeavor to reaffirm our national commitment to
25 healthier lifestyles for all Americans.

26 Thank you.

27 DR. COATES: Thank you, Bill.

1 Are there any comments?

2 DR. KENNEDY: I'm just curious. It may be premature,
3 Bill, but at this point has the group that's working on this
4 activity identified uniquely private sector initiatives?

5 I can think of some examples that have been given
6 here on either public interventions or public/private. Tracy
7 mentioned the Dietary Guidelines Alliance, as did Sue, but from
8 the point of view of some of the goals you've outlined, are
9 there uniquely private interventions that you think serve as
10 models?

11 MR. LAYDEN: Well, the three working groups that are
12 looking at it, one is looking at individual behavior change,
13 one environmental factors. Those working groups, as I
14 understand it, are looking at initiatives that have been
15 undertaken or contributed to by the private sector as well.

16 DR. COATES: Thanks, Bill.

17 May I introduce Mark Winne from the Hartford Food
18 System?

19 MR. WINNE: Good morning. I'm Mark Winne with the
20 Hartford Food System. I'm also representing the Community Food
21 Security Coalition. My remarks are based on 20 years of
22 experience in Hartford, Connecticut, developing and running
23 community food and nutrition programs.

24 Hartford is a small city with 27 percent of the
25 population below poverty. Approximately 80 percent of the
26 population is African-American and Hispanic. Our obesity,
27 overweight, diabetes and hypertension rates are anywhere from

1 50 to 100 percent higher than those of the State of Connecticut
2 or the U.S.

3 We have very limited access to affordable food
4 outlets, and we have related transportation problems. People
5 have a difficult time getting to food stores. We do have a
6 very high number of fast food restaurants and convenience snack
7 food outlets.

8 We have completed a study of 330 low income residents
9 in the city. We have not fully analyzed the data yet, but we
10 have found a strong link between food insecurity and low
11 consumption of fruits and vegetables.

12 A recent survey by the City of Hartford's Advisory
13 Commission on Food Policy found almost 100 providers of food
14 and nutrition services, not counting our emergency food
15 pantries, but very little coordination between those programs,
16 so based on our experience and a review of the literature,
17 efforts to change dietary behaviors in low income communities
18 have not shown much results.

19 We have had some short term successes with some labor
20 intensive food education programs such as cooking, gardening
21 and farming with kids and adults. Kids will eat broccoli if
22 they grow it and cook it themselves, but too often there's a
23 disconnect in our community between food and nutrition
24 education and between dietary behavior, household food security
25 and community food security.

26 For instance, we have seen good results when bus
27 routes are altered to improve access to supermarkets or when

1 farmers markets are introduced and farmers market nutrition
2 program vouchers are provided to low income people to shop at
3 those markets, but if we have a hundred local organizations in
4 one small city all going in a different direction, then we're
5 only going to continue to perpetuate the fragmentation,
6 duplication and lack of coordinated planning that all too often
7 characterizes the development and delivery of food and
8 nutrition services at a local level.

9 There is, related to this fragmentation and the
10 control of service delivery by professionals, a lack of
11 participation by the recipients of these services. They must
12 be a part of the process of developing meaningful dietary
13 behavior strategies as well.

14 Therefore, I'd recommend the following issues be
15 considered at the nutrition summit. Please don't divorce
16 nutrition concerns and education from food security and
17 community food security. Examine small scale, hands on
18 approaches to food learning and dietary behavior change.
19 Similarly, examine strategies that empower recipients, low
20 income consumers and clients, through their participation in
21 the planning and implementation of intervention strategies.

22 Closely examine the role that the food industry plays
23 in encouraging unhealthy eating behavior through advertising
24 and special targeting of at risk populations in poor
25 communities. Finally, explore the community dynamics that
26 influence the ability of communities to undertake comprehensive
27 planning.

1 Thank you.

2 DR. COATES: Thank you very much, Mr. Winne.

3 I'm going to take a small break here. Would you like
4 to take one as well? It's 11:05 a.m. by my watch. We'll
5 reconvene promptly at 11:15 a.m. with Judith Eaton.

6 (Whereupon, a short recess was taken.)

7 DR. COATES: Well, folks, let's begin again.

8 I want to acknowledge, just so that you didn't think
9 that the idea for a break was entirely mine, my colleague and
10 friend, Bill Dietz, serves well in the role of the CDC, which
11 has a disease control and prevention. I think accident
12 prevention was what he was helping us to avoid.

13 MR. DIETZ: Health promotion.

14 DR. COATES: Health promotion.

15 Well, welcome back. I'd like now to introduce Judith
16 Eaton.

17 MS. EATON: Hi. I'm Judith Eaton, a registered
18 dietitian and clinical nutritionist. Previously I was a
19 prenatal nutritionist for Planned Parenthood counseling
20 pregnant teens. I also created the nutrition education program
21 for Phelps Memorial Hospital in North Terrytown, New York,
22 setting up a healthy breakfast for low income, pregnant women.
23 Formerly I consulted to the Child Obesity Center of the
24 American Health Foundation and continued to treat childhood and
25 adult obesity for the past decade.

26 As a medical nutrition provider for many of the
27 insurance companies and health maintenance organizations in the

1 New York area, I bring you the perspective gained from
2 counseling people every day. I appreciate the opportunity to
3 address this hearing today because my present and past
4 experiences in the field have shown me that nutritional
5 intervention is the most effective and affordable strategy for
6 a wide variety of disorders, of which obesity is the most
7 obvious.

8 In my practice, I am seeing many overweight
9 teenagers. Many of them, though, are coming to me for problems
10 other than obesity; for acne, attention deficit disorder,
11 psoriasis, eating disorders, headaches, ulcerative colitis and
12 irritable bowel syndrome.

13 Recently, more and more youngsters are presenting
14 with adult onset diabetes from all walks of life, all ethnic
15 and religious backgrounds. These are our lost children.
16 Twenty-four hour dietary intake or three day food diaries
17 reveal diets consistently low in fiber, fruits and vegetables
18 and high in total energy, saturated fat and simple sugars. How
19 many more studies do we have to fund to appreciate the
20 implications of this type of diet for today's youth?

21 We talk about escalating costs of health care, yet
22 obesity is the biggest predictor of chronic disease. Not only
23 do we have to change the eating patterns of children, but we
24 must re-educate the tens of millions of Americans who are no
25 longer children, but who suffer as adults from mistakes made
26 long ago.

27 Childhood obesity, whether a result of lack of

1 education, inappropriate consumption of amounts and types of
2 food or lack of exercise, results in predictable problems.
3 Obese children and adolescents experience a broad range of
4 social and psychological problems, which often extend into
5 adulthood. Furthermore, there is a disproportionate amount of
6 obesity in the Hispanic and African-American communities in
7 addition to the other challenges resulting from inadequate
8 access to health care.

9 Insurance companies, HMOs, medicare and medicaid do
10 not provide nutrition services for obesity because they do not
11 consider this medically necessary. My conclusions are that we
12 need to make resolving the childhood obesity epidemic the
13 cornerstone of a national wellness initiative.

14 We need to offer nutritional counseling to all
15 children at risk for obesity. We need to create school based
16 group programs for the obese, incorporating psychological
17 components, along with exercise and nutrition. We need to
18 partner with foundations, non-profit organizations and
19 educators to create modes, model in-school self-esteem and
20 healthy fitness programs, addressing the psychological and
21 physiological aspects of eating and exercise.

22 Children need to be provided the necessary and
23 appropriate foods. This means nutritionally dense portion and
24 calorie controlled foods for school lunches, as well as meals
25 at home. In this way, the federal and state leadership could
26 create a growth industry in wellness.

27 We need early screening and assessment of all

1 children to identify childhood obesity and mandate
2 reimbursement for nutrition counseling, intervention, education
3 for medical doctors, insurance companies, parents and school
4 personnel about childhood obesity.

5 We need to partner with industry and universities to
6 create kid friendly, healthy foods that taste good. We can add
7 probiotics, vitamins and minerals, --

8 DR. COATES: Can you please wrap up?

9 MS. EATON: -- essential fatty acids. What?

10 DR. COATES: Can you please wrap up?

11 MS. EATON: Okay. We can create age specific
12 nutraceutical foods with a seal of approval for parents needing
13 guidance in the purchasing of foods which address and prevent
14 childhood obesity.

15 Thank you for this opportunity to present this
16 information.

17 DR. COATES: Thank you.

18 Lisa Katick, please?

19 MS. KATICK: Good morning. My name is Lisa Katick.
20 I'm a registered dietitian and serve as the Director of
21 Scientific and Nutrition Policy for the Grocery Manufacturers
22 of America, GMA.

23 GMA is the world's largest association of food,
24 beverage and consumer product companies, and we strongly
25 support the efforts by the Department, both Departments,
26 Agriculture and the Department of Health and Human Services, to
27 sponsor this national nutrition summit.

1 We believe it is imperative to highlight important
2 nutritional habits for Americans of all ages. GMA is pleased
3 to present these comments on establishing an appropriate agenda
4 for the summit.

5 First, we agree it is useful to review the many
6 accomplishments that have been achieved in the field of diet
7 and health in the 30 years since the 1969 White House
8 Conference. The development of an even more nutritious food
9 supply, together with informative food labeling and educational
10 materials about the nutritional value of individual food
11 products represents a model for private/ public sector
12 partnerships to foster sound nutrition in public health.

13 A clear demonstration of the effectiveness of
14 public/private partnerships is showcased by many of our member
15 companies, which have made it a priority to highlight the
16 USDA's food guide pyramid on their product packaging. The
17 pyramid is also featured in educational brochures and on many
18 company websites.

19 In addition, the food industry uses nutrition
20 messages developed by the government, especially those messages
21 outlined in the federal dietary guidelines, in our own
22 nutrition education and communications materials. These are
23 just a few examples of how our industry continues to be a part
24 of the solution in promoting and providing useful dietary
25 information for consumers.

26 Second, we concur with the summit's stated
27 concentration on or would think that it would focus on

1 nutrition and lifestyle issues like those on overweight and
2 obesity.

3 It is apparent that the American public understands
4 basic concepts of nutrition and that current labeling and
5 educational materials, including industry supported and
6 industry funded materials, provide sufficient information about
7 the nutrition composition of marketed foods, yet despite all of
8 this available information we have seen new studies indicating
9 rising rates of obesity among the American people, young and
10 old alike.

11 Obesity is a complex condition influenced by
12 genetics, behavioral and lifestyle factors, excess calories and
13 lack of physical activity. A lack of information on obesity is
14 not the problem. The real challenge is changing our behavior.
15 We must focus on understanding the science based factors that
16 motivate individuals to follow a healthy diet if progress is to
17 be made in the area of nutrition and lifestyle.

18 We also believe that the summit must be conducted in
19 the same way as the 1969 White House Conference in open public
20 sessions that can be attended by anyone who is interested. The
21 objective should be to prepare an agenda for scientific
22 research and action that will focus on the lifestyle aspects of
23 nutrition in a way that will ultimately help individuals to
24 make better personal choices in the daily diet.

25 Fourth, it is especially important to understand that
26 a number of food related issues need not and should not be
27 addressed in the summit. Its focus on nutrition issues should

1 be narrow, specific and precise. Under President Clinton's
2 personal leadership, there is already a place for the national
3 food safety initiative, and thus the summit need not address
4 this area, although we do feel, as Dr. Woteki said, it's
5 extremely important to address food safety, but we do think
6 that this is not the place to do it.

7 In conclusion, the summit should focus most important
8 questions involving diet and health that exist in our society
9 today, lifestyle decisions that have such a vital impact upon
10 individual health.

11 GMA looks forward to providing assistance to USDA and
12 HHS in putting together this summit. We hope this event will
13 serve as a gateway to discovering meaningful solutions to
14 combating obesity and insuring a healthy population into the
15 twenty-first century.

16 Thank you.

17 DR. COATES: Thank you, Ms. Katick, and I apologize
18 for mispronouncing your name.

19 MS. KATICK: It's very common.

20 DR. KENNEDY: Lisa, could I ask you one question
21 before you take off?

22 We're always delighted when companies use the USDA
23 food guide pyramid. Do you have any mechanism for tracking
24 whether that has any impact on consumer choices or consumer
25 behavior?

26 MS. KATICK: That's a good question. That's probably
27 one that we can discuss and pursue. I don't have any of that

1 information off the top of my head. That's a good question.

2 DR. COATES: Are there any other questions?

3 (No response.)

4 DR. COATES: Thank you.

5 May I call on Elizabeth Pivonka, please?

6 MS. PIVONKA: Good morning. I'm Elizabeth Pivonka,
7 president of the Produce for Better Health Foundation, a
8 national non-profit organizations whose sole purpose is to
9 increase fruit and vegetable consumption for better health. We
10 partner with the National Cancer Institute on the five a day
11 program.

12 I want to begin by commending USDA and HHS for their
13 efforts in planning a national nutrition summit. We would
14 encourage you at your upcoming summit to think broadly about
15 changes that need to occur in current programs, as well as
16 emerging program opportunities to help people achieve a healthy
17 diet. Think to the future in light of current problems rather
18 than dwell on past successes or a lengthy review about what to
19 eat and why.

20 I won't spend time outlining the science behind
21 problems that you well know are present. Rather, I'll outline
22 two key opportunities for change that could be focused upon at
23 your summit. One relates to fruits and vegetables, the other
24 to obesity.

25 First, Americans continue to be sorely lacking in
26 fruit and vegetable consumption. The strength of the research
27 in recent years about the link between fruits and vegetables

1 and disease prevention should make increasing their consumption
2 among Americans a significant focus of your conference not only
3 because of their direct role in disease prevention, but also as
4 an adjunct for weight control.

5 Summit outcomes could include a move from
6 recommendations that focus on food negatives like fat and
7 sodium to the positive attributes of food. Encourage Americans
8 to eat foods for what is in them instead of what is not.

9 Institute change in the dietary guidelines for
10 Americans and the food guide pyramid that offers greater
11 emphasis on disease prevention rather than simply nutrient
12 adequacy. Base a new food guide pyramid on the future and make
13 it much closer to the ideal diet to help prevent disease rather
14 than one focused on traditional old food patterns. The
15 government should lead by example, not follow. We must stop
16 watered down government recommendations, and we must stop
17 making one recommendation fit us all.

18 Encourage greater use of federal funds toward
19 preventing disease rather than treating disease. Prevention is
20 more economical than treatment. CDC estimates that state and
21 federal governments spend one thousand times more to treat
22 disease than to prevent it.

23 Urge the National Cancer Institute to increase
24 funding for the five a day program. Encourage WIC vouchers for
25 use beyond simply farmers markets and expand the number of
26 fruits and vegetables as part of the overall WIC program.

27 The second major emphasis of your summit should be a

1 significant discussion regarding the growing trend toward
2 obesity. Our suggestions would be two. Use your summit to
3 develop a national strategy to prevent obesity through a
4 combined effort of dietary change and increased physical
5 activity and provide funding to conduct population based
6 campaigns aimed at yielding large scale improvements in healthy
7 eating, physical activity and obesity control.

8 In conclusion, we are spending billions of dollars
9 every year to treat Americans with problems of excessive intake
10 and poor nutrition, yet we already know some of the most
11 important things that help prevent disease -- eating more
12 fruits and vegetables and controlling weight.

13 But, in order to meet the enormous challenge of
14 getting people to do what we want, we must start with a sound
15 national nutrition policy. This policy will be greatly
16 affected by your summit. We encourage you to make the most of
17 it and are prepared to help in any way possible.

18 Thank you.

19 DR. COATES: Thank you for your comments. Thank you.

20 May I call on Donna Denison, please?

21 MS. DENISON: Good morning. My name is Donna
22 Denison. I'm Director of Legislative Affairs for the United
23 Fresh Fruit and Vegetable Association.

24 As the Washington, D.C. trade association
25 representing the views of the fresh fruit and vegetable
26 industry, we want to thank the Administration for their
27 commitment to improving the health of our society throughout a

1 heightened allegiance to nutrition issues.

2 Also, we appreciate the opportunity to share with you
3 our views on this critical issue. United has and continues to
4 be an industry leader in promoting the health benefits of
5 increased consumption of fruit and vegetables.

6 Most recently, United has joined national public
7 health and nutrition advocates such as the Center for Science
8 in the Public Interest, the American Heart Association, the
9 American Dietetic Association and the Produce for Better Health
10 Foundation to advocate national policies and programs that
11 promote healthy eating and physical activity, including
12 increased produce consumption.

13 Research has confirmed what many health professionals
14 have long known; a combination of healthy food choices and
15 regular exercise can prevent a number of diet related diseases,
16 including heart disease, cancer and diabetes, among other
17 related health conditions that currently account for over a
18 half a million premature deaths each year. Conversely, more
19 than one-third of these deaths could be prevented by eating a
20 diet rich in produce, while simultaneously saving billions of
21 dollars in the process.

22 Inasmuch as diet and physical inactivity related
23 illnesses now cost Americans an estimated \$137 billion in
24 economic cost, United applauds the Administration's increased
25 commitment to this public health issue.

26 Specifically, we encourage increased federal
27 resources for the promotion of healthy eating and increased

1 physical activity and hope that this will be a focus of the
2 upcoming national nutrition summit. We also hope the summit
3 will unveil new dietary guidelines that appropriately encourage
4 Americans to make improved fruit choices that promote the
5 health benefits of increased fruit and vegetable consumption.

6 Finally, we encourage the federal government to
7 strengthen strategies that will enhance behavior modifications
8 relating to diet and exercise based on the most recent
9 scientific data and the new federal dietary guidelines that
10 will be announced next year.

11 Proactive, integrative approaches involving both the
12 public and private sectors have proven successful in educating
13 Americans about one very important diet modification, increased
14 fruit and vegetable consumption. One excellent program just
15 highlighted by Elizabeth Pivonka and established in 1991 by the
16 federal government in partnership with the industry and
17 advocacy groups is the national five a day program.

18 Over the last nine years, this program has increased
19 the awareness of the need to eat five or more serving of fruit
20 and vegetables from eight to 39 percent. This has been
21 accomplished with only a budget of \$1 million per year. To
22 leverage the success of this program, United and other health
23 advocates believe that funding for this program should be
24 doubled. We hope that the Administration will announce
25 increased funding for this important initiative as a part of
26 the President's FY 2001 budget during the upcoming budget
27 process.

1 In closing, United challenges the federal government
2 to place as high a priority in stamping out obesity and diet
3 related illnesses and disease as it has in stamping out
4 smoking. With the total economic costs relating to physical
5 activity and diet now more than
6 one-third greater than smoking, enhanced targeted and applied
7 promotion efforts are desperately needed.

8 We believe that through a renewed federal commitment
9 and integrated approaches, we will begin to notice a healthier
10 America. The fruit and vegetable industry looks forward to
11 participating in this effort and help facilitating much needed
12 change.

13 DR. COATES: Thank you very much.

14 May I ask Randolph Horner to come up?

15 MR. HORNER: Thank you very much. I'm Randolph
16 Horner, and there's good news and bad news in America today
17 when we address the complex interrelationship between nutrition
18 and public health.

19 First, the bad news. When viewed in terms of overall
20 health consequences, malnutrition can exist just as profoundly
21 in an overfed population as in one which is chronically
22 underfed. While it is certainly true that overeating averts
23 outright starvation, the consistent lack of essential nutrients
24 in the diet condemns tens of millions of children and adults to
25 lives of poor health, often resulting in disease states. In
26 this context then, obesity is like the canary in the mine
27 shaft.

1 Although both a predictor of chronic disease and a
2 precipitator of conditions ranging from coronary artery and
3 peripheral vascular disease, obesity is more than just the
4 serious health threat it presents. It is also a litmus test
5 for two kinds of failure in our national food supply, failure
6 to have the right foods and over consumption of the wrong
7 foods.

8 Chronically poor nutrition denies millions a fully
9 active, productive life experience and leads to the early onset
10 of the degenerative diseases of aging. With the constraints of
11 time at this speech to choose just one element, suboptimal
12 production of neurotransmitters leads to a subtle, but
13 insidious, decline in mental performance.

14 Indeed, large segments of our population suffer from
15 outright depression resulting from dietary deficiencies of
16 natural substances required for intracellular processes. Why
17 else are we consuming antidepressants from MAO inhibitors to
18 Prozac to St. John's wort in ever increasing amounts.

19 Not to lose sight of the concern over obesity, it may
20 well be that many more people are overweight because they're
21 depressed than are depressed because they are overweight.

22 But the good news is that this nutrition summit
23 offers our entire society the opportunity to re-examine and
24 restructure our food supply from agricultural production
25 through processing and distribution to ultimate consumption.
26 The collaboration of the federal agencies overseeing the things
27 we eat and the way we try to stay healthy can and should lead

1 to a shift in resources toward sustainability.

2 We spend one and a third trillion dollars on our
3 health care system, but the result is more sick care than
4 wellness and disease prevention. This expenditure is three
5 times the entire amount spent on nutrition. A shift of a small
6 fraction of the combined health and nutrition budgets can
7 achieve profound change for the better in quality of life for
8 Americans.

9 The result? A healthy growth industry can provide
10 nutritional supplementation, as well as inherently healthier
11 foods with consequent health care savings ultimately reaching
12 hundreds of billions per year.

13 This summit gives us a chance to rethink and to
14 result in job creation and economic development that come from
15 providing Americans with the nutrients many are missing now.

16 Thank you very much.

17 DR. COATES: Thank you very much.

18 Now I'd like to call on Dan Halverson. Mr. Halverson
19 or Dr. Halverson?

20 (No response.)

21 DR. COATES: May I call on Lenora Johnson, please?

22 MS. JOHNSON: Good morning. Thank you. My name is
23 Lenora Johnson. I'm here today representing and presenting
24 comments for the Association for State and Territorial
25 Directors of Health Promotion and Public Health Education,
26 which I shall henceforth refer to as ASTDHPPE.

27 ASTDHPPE is a membership organization representing

1 55 directors of health education and health promotion units in
2 the state departments of health and health departments of
3 District of Columbia, Puerto Rico, the Virgin Islands, Guam and
4 America Samoa, as well as several directors of health education
5 units of the Indian Health Service area offices. In addition
6 to this, ASTDHPHE is a representative of a number of associate
7 members.

8 The leading cause of preventable death in this
9 country, second only to tobacco, is the combination of poor
10 diet and physical inactivity. For this reason, ASTDHPHE
11 applauds the Department of Health and Human Services and the
12 USDA for working to direct greater attention to the impact that
13 nutrition and physical inactivity play in the health status of
14 American people.

15 We understand and support the objectives of the
16 proposed conference, the proposed national nutrition summit, to
17 provide more timely review of the accomplishments made in the
18 last 30 years regarding nutrition, a greater focus of attention
19 on the challenges that exist and that without intervention will
20 continue to exist in the area of nutrition and health and,
21 probably most importantly, to focus a concerted attention
22 toward nutrition lifestyle across the lifespan.

23 Given the impact that poor nutrition and physical
24 inactivity have had on the continued health of Americans,
25 notwithstanding the disproportionate burden experienced by
26 populations of color and other vulnerable groups, coordination
27 of efforts to address these issues is imperative.

1 As such, ASTDHPPE strongly encourages the following
2 with respect to the planning activities for the national
3 summit. First and foremost, the summit and any recommendations
4 resulting from the conference should be planned and carried out
5 in a collaborative manner that includes national, state and
6 local agencies.

7 Each of these levels is interdependent upon the
8 others, and approaches to lessen the impact of poor nutrition
9 and physical inactivity need the coordination of each level of
10 public service. For this reason, we support and strongly
11 encourage the use of broad based coalitions, as well as
12 public/private partnerships for the planning process of the
13 national summit for 2000.

14 Secondly, provide a consistent message that continues
15 to convey the importance of improving dietary patterns in
16 conjunction with the increasing physical activity, providing
17 resources and structures that enable state and local public
18 health educators to put forth messages that link these
19 behaviors in a way that is appropriate.

20 Thirdly, while much has been discovered with regard
21 to nutrition, obesity and risk reduction, the translation of
22 research to practice has yet to be fully realized.
23 Particularly, the transfer of knowledge evolving from the
24 research community, clinical and behavioral, to the community
25 level practitioner is desperately needed to move the body of
26 knowledge forward toward practice and behavior change.

27 Finally, the ability of state and local governments

1 and the skills and competencies exist at these levels to
2 address specific behaviors that contribute to the compromised
3 health status is fundamental in changing the behaviors of
4 individuals, families and communities.

5 As such, ASTDHPPE strongly requests that specific
6 organizations be included in the planning and delivery of the
7 national summit to be held in May, 2000, and presents itself as
8 a leader in the facilitation of such collaborative efforts.
9 These organizations, along with ASTDHPPE, include the
10 Association of State and Territorial Chronic Disease Program
11 Directors, the Association of State and Territorial Public
12 Health Nutrition Directors, who spoke earlier today, and the
13 Society of State Directors of Health, Physical Education and
14 Recreation.

15 Thank you.

16 DR. COATES: Thank you for your comments.

17 Are there any questions?

18 (No response.)

19 DR. COATES: May I introduce Don Clark?

20 MR. CLARK: My name is Don Clark, and I'm the
21 executive officer for the American Society for Clinical
22 Nutrition, and on behalf of the Society I'd like to thank you
23 for the opportunity to present comments today on behalf of our
24 members.

25 As one of the leading spokesgroups for nutrition
26 science and research, we commend you and support you strongly
27 in your efforts to pull together and develop this nutrition

1 summit. It is our hope that this summit will serve as the
2 initial step in what we see as a long-term process that will
3 address the nutrition issues facing this nation.

4 Without a doubt, looking back over the last 30 years
5 since the first White House Conference on Nutrition, the
6 accomplishments have been substantial. Hopefully, these
7 accomplishments have positioned us to set an aggressive agenda
8 for the future. It is obvious from comments presented this
9 morning no one wants to rest on past laurels, nor should we.
10 We can all agree that there is serious work yet to be done.

11 Even in light of our past successes, we enter the new
12 millennium at a time when the nutritional health of this
13 country is in very poor shape. This is especially true in
14 relation to our children's health.

15 But as we face the serious need to bring nutrition
16 education to the public, we are faced with external constraints
17 that make this a very difficult task. Over the years, the
18 number of nutrition training programs has decreased
19 significantly, negatively impacting the number of trained
20 physicians who are able to treat and educate patients.

21 A goal for the millennium must be strong support in
22 medical schools and universities for nutrition education.
23 Beyond this, insurance reimbursement for medical care in the
24 diagnosis and treatment of nutritional diseases is basically
25 non-existent. All of us must work actively to change these
26 policies.

27 As we see illnesses related to nutrition grow and

1 conditions such as obesity take on epidemic proportions, we are
2 faced with the reality that our resources to handle them are
3 seriously limited. It goes without saying that as we focus our
4 efforts on the American public, nowhere is it more important
5 than our children.

6 The tremendous strides made over the years towards
7 increasing our lifespan will only be successful if we address
8 the nutritional health of our children and make nutrition
9 education an integral part of their medical history. It is
10 imperative that obesity prevention efforts on behalf of the
11 young be developed and implemented. To do anything less fails
12 our children and threatens the health of future generations.
13 Success in these areas is dependent on supportive efforts on
14 the part of the government.

15 In closing, we have the opportunity in the national
16 nutrition summit to begin addressing these important issues.
17 At the very least, the future health of this country is at
18 stake. On behalf of the American Society of Clinical
19 Nutrition, we are prepared to actively participate in each
20 stage of the process.

21 Thank you.

22 DR. COATES: Thank you very much, Mr. Clark. May I
23 just comment on your remark about improving nutrition education
24 in medical schools?

25 I just wanted to bring to your attention and to the
26 rest of the audience that the National Heart, Lung and Blood
27 Institute recognized this need a couple of years ago and

1 implemented through a request for applications process its
2 nutrition academic award program, and now in collaboration with
3 the National Institute of Diabetes, Digestive and Kidney
4 Diseases, and probably others, there is a more active role in
5 improving the curriculum of medical schools with respect to
6 nutrition education.

7 Thank you for the comment.

8 MR. CLARK: And tied to that, the Society itself has
9 implemented a physician nutrition specialist program that we
10 fund through the Society with corporate support.

11 DR. COATES: I appreciate that information.

12 May I call on Patricia Bertron?

13 MS. BERTRON: Good morning. My name is Patricia
14 Bertron, and I'm Director of Nutrition with Physicians
15 Committee for Responsible Medicine.

16 Thank you for the opportunity to provide comments
17 today regarding the national nutrition summit. Physicians
18 Committee for Responsible Medicine is a non-profit organization
19 based in Washington, D.C., which promotes preventive medicine,
20 good nutrition and higher standards in research.

21 Dietary factors, as well as physical activity, play
22 key roles in the management and treatment of obesity. As you
23 know, recent research has shown that greater than 50 percent of
24 adults are overweight or obese. Excess weight is associated
25 with increased risk for heart disease, Type II diabetes,
26 hypertension, cancer and stroke, which are, with the exception
27 of hypertension, among the top ten leading causes of death in

1 the United States. The U.S. Economic Research Service
2 estimates the medical costs attributed to these diseases at \$34
3 billion a year.

4 The prevalence of overweight and obesity among
5 children has more than doubled over the past 20 years to ten
6 million, and only one in five children consume the recommended
7 number of servings of fruits and vegetables per day.

8 Epidemiologic studies indicate that populations
9 following diets that are richer in plant products and lower in
10 fat have a much lower prevalence of obesity. In general, the
11 mean body mass index of groups of vegetarians has been shown to
12 be one to five kilograms per meter squared lower than for
13 omnivores in studies controlled for smoking and exercise.

14 A study involving more than 25,000 omnivores and
15 vegetarian adventists who were similar with respect to smoking,
16 exercise and alcohol consumption found
17 non-vegetarian men and women were 1.9 and 1.6 times more likely
18 to be overweight than vegetarians. Diets based on fruits,
19 vegetables, grains and legumes provide rich sources of
20 vitamins, minerals, antioxidants, fiber and phytochemicals and
21 are generally lower in fat, saturated fat and cholesterol free.

22 We request that the national nutrition summit include
23 in its agenda the health benefits of vegetarian diets in
24 reducing the risk of obesity. More detailed comments will be
25 submitted by PCR within the next week.

26 Thank you for your time.

27 DR. COATES: Thank you very much for your comments.

1 MS. BERTRON: Thank you.

2 DR. COATES: May I ask Mary Enig, and will you
3 forgive me if I've forgotten it wrong?

4 MS. ENIG: That's correct.

5 DR. COATES: Thank you.

6 DR. ENIG: Thank you. I'm Dr. Mary Enig. I'm a
7 private consultant and nutritionist, and I hold the presidency
8 of the Maryland Nutrition Association right now.

9 I want to address the topic of food fats and oils and
10 their impact on health because fat represents an important
11 nutrient that was negatively impacted by the forerunner to the
12 planned national nutrition summit, namely the 1969 White House
13 Conference on Foods and Nutrition, and the resulting McGovern
14 committee hearings in the 1970s, which produced the dietary
15 goals.

16 These dietary goals and guidelines have been largely
17 responsible for promoting an unbalanced intake of fat
18 components in our diets. Natural fats such as butter, tallow,
19 lard and palm and coconut oil have been relegated to the
20 garbage heap, and the manmade fats such as the widely used
21 partially hydrogenated shortenings and margarines and excessive
22 polyunsaturated oils have been promoted as if they were magic
23 medicine.

24 This is just the opposite of what we should be doing
25 because those natural fats and oils have components found only
26 in them which are health promoting, and their replacements are
27 now known to be disease causing.

1 The 1969 White House Conference produced the new
2 foods document, which promoted the acceptance of imitation
3 foods as if they were real foods. This has led to a major
4 decline in the quality of our foods and especially in the
5 quality of our food fats. It has led to the open promotion of
6 genetically modified foods that suits the production of
7 processed fats and has also led to a decline in quality and
8 uses of our farm produced fats.

9 Now, 30 years later, there may be an opportunity to
10 correct some of the mistakes. It is necessary, however, for
11 those who will be in charge of the forthcoming summit to make
12 an effort to become properly educated to the changes in the
13 diet that occurred during the intervening 30 years, which have
14 resulted in the situation we have today.

15 We are confronted with the problems of widespread
16 obesity and many other illnesses which I won't list. In 1970,
17 the FDA prepared an internal memo that said that trans fatty
18 acids in food supplies should be identified. Thirty years
19 later, the FDA has proposed the cloudy labeling of trans fats
20 under an unsuitable saturated fats umbrella.

21 In the intervening 30 years, in my former position as
22 a fats, oils and lipids researcher in a university lipids
23 laboratory, I have frequently pointed out to various agencies
24 through reports to the appropriate dockets that ignoring the
25 levels of trans fatty acids in foods has prevented us from
26 having accurate data on fat composition in our diets.

27 As a result of being misled, we have a consuming

1 public terrified of natural fats and oils, a public which by
2 its avoidance of these natural fats and oils and consumption of
3 fabricated, man manipulated fats and oils replacements such as
4 the trans fats and the unstable polyunsaturates, is becoming
5 increasingly obese and ill.

6 This attempt by the FDA to tar the wholesome
7 saturated fats with the sins of the trans fats so as to promote
8 in the minds of consumers the idea that they are both the same
9 is not supported by real science. Biologically, the saturates
10 and the trans have totally opposite effects. The effects of
11 the saturates are good, and those of the trans are undesirable.

12 I would just like to say that foods that have trans
13 containing fats in them always -- almost always -- have higher
14 caloric value for the same kind of food, so I think we need to
15 look very carefully at that, and I'll close my remarks and hand
16 in my paper.

17 DR. COATES: Thank you very much for your remarks.

18 Are there any comments?

19 (No response.)

20 DR. COATES: May I call on Diane Bierbauer, please?

21 MS. BIERBAUER: Good morning. I'm Diane Bierbauer.
22 I'm with the American School Food Service Association. We're a
23 national non-profit organization that represents over 60,000
24 school food service and nutrition professionals.

25 I'd like to start by discussing some of the
26 accomplishments in the child nutrition program since the White
27 House Conference in 1969 and then discuss some of the issues

1 that we're facing today in child nutrition programs.

2 Some of the accomplishments since 1969 that we in
3 child nutrition programs are most proud of include the
4 establishment of federally mandated nutrition standards for
5 reimbursable meals. We have passed federal legislation that
6 provides funding and has simplified operations for meals other
7 than the national school lunch program, including the summer
8 feeding program in 1971, the after school snacks program in
9 1998, and just recently approved a pilot for the universal
10 breakfast program.

11 Also, we have increased the awareness of the link
12 between nutrition and the ability to learn. As a result of
13 that, schools have added additional meal periods to meet this
14 need.

15 In 1999, three out of four schools offering lunch
16 also had a breakfast program. This number has doubled in the
17 past ten years. School systems are now able to extend their
18 day's feeding by furnishing nutritious snacks in after school
19 enrichment programs.

20 Summer food service programs, which were designed to
21 provide food to children when school was not in session, are on
22 the rise, particularly in the urban settings. While there is
23 still a ways to go to making these programs more manageable and
24 easy to use, this is at least a start.

25 However, as I mentioned, there's still some barriers
26 that are preventing child nutrition programs from being as
27 effective as they could. One of these is the school

1 environment. A national crisis is developing from competitive
2 foods in the school environment that are of poor nutritional
3 quality.

4 ASFSA is very concerned about the deteriorating of
5 the school environment and it not support good eating habits.
6 The school and the away from school environment has
7 increasingly preempted good eating habits. The availability of
8 low nutritional food is rampantly on the rise. Schools are
9 signing exclusive beverage agreements with soft drink companies
10 who promise a lucrative return to be used for educational
11 purposes.

12 Schools within and outside of the dining room walls
13 are offering low nutrition foods that have sales appeal to kids
14 in order to fund operations and educational programs. Adults,
15 as role models, are often not reinforcing good eating habits as
16 well.

17 In addition, there's a lack of nutrition education
18 and a lack of grassroots knowledge that this is not in the best
19 interest of the nation's health. Funding for nutrition
20 education to assist kids in making choices has steadily been on
21 the decline -- in fact, is virtually non-existent -- so at the
22 same time we're putting poor food choices in front of children,
23 the information about how to make choices is being kept from
24 them.

25 Finally, the school schedule does not always provide
26 for eating periods that are conducive to good eating habits.
27 The demands from the standards of learning often mean that

1 classes are held in lieu of good eating times and lengths.

2 We would like to appeal to the planners of the
3 national nutrition summit to address the two main barriers to
4 successfully feeding our nation's youth. These are the
5 competitive foods in the school environment and, two, the lack
6 of funding for nutrition education.

7 Thank you.

8 DR. COATES: Thank you for your comments.

9 May I call on Patricia Young?

10 MS. YOUNG: I'm the national coordinator for World
11 Food Day, which is a coalition of 450 non-profit organizations
12 concerned about hunger.

13 I did not plan to speak this morning when I got ready
14 to come to the meeting, but when I pulled out my copy of the
15 report of the White House Conference, I was reminded of that
16 momentous event and decided perhaps I should share some
17 reflections. I chaired the task force on women, and I was the
18 spokesperson for the conference in a meeting with President
19 Nixon at the end of the conference.

20 Some of you will recall that in May, 1969, President
21 Nixon was asked in a press conference what he was going to do
22 about hunger in America, and he responded that there was none.
23 A week later he called the White House Conference for Food,
24 Nutrition and Health as a result of the widespread outcry
25 across the country, I think great testimony to citizen action.

26 Much has changed since December, 1969. More
27 importantly, for those in need, much has not changed. We have

1 safety nets, but people are still falling through. We
2 have increased understanding that hunger is more than food, but
3 we have millions who still do not understand or appear to care
4 about the full implications of food security for all; in other
5 words, the right to food.

6 We have moved from a White House conference to a U.S.
7 action plan for food security, but it is now only a statement
8 of status quo still needing detailed adequate legislative
9 policies and financial support. We still have a food system
10 that is increasing the divide between the have lesses and the
11 have mores.

12 I am sure that all of the World Food Day
13 organizations will work to make this summit a success because
14 nutrition is important, but I can't help but hope that we will
15 spend at least equal time in the valleys finishing the
16 unfinished agenda of the White House conference.

17 As you focus on the urgency of nutrition issues that
18 you've heard today, please do so in the larger context of
19 comprehensive food security suggested by Dr. Rosenberg and
20 others this morning.

21 Thank you.

22 DR. COATES: Thank you for your comments.

23 Are there any questions or comments from the floor?
24 From the table?

25 (No response.)

26 DR. COATES: We especially appreciate the historical
27 context of your remarks.

1 May I call on Barney Sellers, please?

2 MR. SELLERS: I don't know about you, but I thought
3 that was a perfect ending to the meeting, and now I have to
4 listen to me make some comments.

5 My name is Barney Sellers. I'm Executive Director of
6 ASPEN, the American Society for Parenteral and Enteral
7 Nutrition, a professional organization with a strong patient
8 care ethic. Our 5,500 physicians, nurses, dieticians and
9 pharmacists come from around the world, and they serve patients
10 who are not able to eat normally.

11 We thank you for the opportunity to address this
12 issue, and we encourage your effort to put together a national
13 nutrition summit. I'd like to just mention a couple of points
14 very briefly and supply additional information if that will be
15 helpful.

16 First, we would like to recommend that the summit
17 take a broad view of its mandate and consider discussions and
18 debates regarding the various relationships between nutrition
19 and persons who are ill. This focus could consider attention
20 to nutrition in the critically ill, the prevalence of
21 malnutrition in hospitals and other related issues.

22 Second, dramatic findings in the last several years
23 regarding obesity demonstrate the value of both basic and
24 clinical research in clinical nutrition. The summit provides
25 an opportunity to bring together those involved in nutrition
26 research and those concerned ultimately with the delivery of
27 good nutrition.

1 In our field, although accurate primary data is not
2 available, we estimate that about 5,000,000 patients a year are
3 cared for with special nutrition support techniques. Medicare
4 and medicaid pay hundreds of millions of dollars for this care.
5 It's important that we know more about nutrition interventions
6 for sick persons. The summit can play a role in bringing
7 attention to this need.

8 To assure the continuity of nutrition research, we
9 recommend the summit allow for discussion of increased support
10 for training nutrition scientists, those persons capable of
11 carrying out both basic and clinical research, ultimately
12 building a cadre of researchers who can make real life
13 contributions to the nutrition status of both patients and
14 healthy individuals.

15 The summit has an opportunity to be inclusive,
16 involving health professionals and advocates. We strongly urge
17 that you take advantage of that opportunity.

18 Finally, since the 1969 conference we have begun to
19 see new categories of entities that include dietary
20 supplements, medical foods and nutraceuticals. Whether and how
21 we regulate these entities is a subject of increasing public
22 interest and could rightfully be considered at the summit.

23 Thank you.

24 DR. COATES: Thank you for your remarks.

25 The last scheduled speaker for today's activities is
26 Brian Williams.

27 MR. WILLIAMS: Someone once told me that the first

1 shall be last, and the last shall be first, and I'm not sure
2 what that means.

3 DR. COATES: Do a good job of it.

4 MR. WILLIAMS: I am Brian Williams, standing here
5 before you on behalf of the American Heart Association to
6 commend the United States Department of Agriculture and the
7 United States Department of Health and Human Services for your
8 joint efforts to hold a national nutrition summit.

9 The overall purpose of the proposed summit should be
10 to address the potential impact of healthy eating as part of
11 our national health agenda. The summit should address a broad
12 range of issues, including the role of basic clinical and
13 behavioral research in addressing the major nutrition problems
14 facing Americans.

15 More research funding is needed in all of these
16 areas, but a special emphasis needs to be placed on identifying
17 effective interventions at both the clinical and population
18 levels. Emphasis also is needed in health care policy and
19 outcomes research.

20 A major outcome of the proposed summit should be the
21 development of a national framework that will bring public,
22 private and government stakeholders together. A framework
23 document should be developed which provides an opportunity for
24 these entities to create an integrated strategic plan that
25 supports the Healthy People 2010 objectives related to
26 nutrition, physical activity and obesity.

27 The summit should also address the specific needs of

1 key target audiences, including individuals at increased risk
2 of nutrition problems, but also individuals suffering from
3 major chronic diseases such as cardiovascular health disease,
4 cancer, stroke, diabetes, obesity and osteoporosis.

5 Other key target audiences should include policy
6 makers, health care professionals and educators, federal
7 agencies responsible for regulatory issues to help insure the
8 safety and quality of the food supply, the media and corporate
9 leaders.

10 The summit should also address sociocultural
11 determinants of nutrition problems related to age, gender,
12 race, ethnicity, education and socioeconomic status. The long-
13 term success of this summit will ultimately reflect the extent
14 to which effective prevention programs address nutrition
15 problems before they manifest themselves as specific diseases.

16 The members of the American Heart Association
17 nutrition committee and the industry nutrition advisory panel
18 are available to support your planning efforts. The strategic
19 plan for the American Heart Association nutrition committee
20 calls for greater efforts in the areas of obesity, diabetes and
21 behavioral research, as well as the need to work with the media
22 to develop consistent and effective messages that the public
23 can understand.

24 The American Heart Association is wholeheartedly
25 available to support your planning efforts to insure the
26 success of this important national summit.

27 If I might put on a different hat quickly on behalf

1 of the National Coalition to Promote Physical Activity, which
2 the American Heart Association belongs to?

3 The nutrition summit should also include physical
4 activity, along with nutrition, as an emphasis to decrease
5 obesity and improve the health of all Americans.

6 Thank you.

7 DR. COATES: Thank you, Mr. Williams.

8 You will probably note, and this is not just for your
9 information, but for everybody's, that there was a draft
10 document for comment that gives a little bit more information
11 than was present in the Federal Register notice. I hope you'll
12 see that we did try to address this issue in our consideration
13 of the upcoming summit. Thanks.

14 That concludes the scheduled remarks. I will ask one
15 more time if Mr. Halverson is here.

16 (No response.)

17 DR. COATES: If not, I'd like to just make a couple
18 of comments and see if there are comments from the stage before
19 turning it back over to Eileen Kennedy for some final wrap up.

20 I alluded to this draft document for comment. I just
21 wanted to emphasize that since you did not have even this much
22 material for consideration in preparing your remarks, you might
23 like to take a further look at this, and if you or your
24 colleagues or contacts wish to make additional comments about
25 the current stage of planning for the nutrition summit, remind
26 you that you have until Monday, the 20th of December, in order
27 to provide those comments in writing to Shanti Bowman at the

1 U.S. Department of Agriculture.

2 I don't have any other remarks, but I wondered since
3 everybody has been so kind and quiet up here, are there any
4 comments from folks on the stage?

5 Linda Meyers?

6 DR. MEYERS: Thanks. I just wanted to thank those of
7 you who are remaining on behalf of the Assistant Secretary for
8 Health and Surgeon General, who would like to have been here
9 today, but had another commitment at Howard University so
10 couldn't. Thank you all for all of your comments and input.
11 The childhood obesity is among his concerns, and your comments
12 today about that were very helpful.

13 DR. COATES: Raj Anand?

14 DR. ANAND: I'd just like to thank the staff that
15 actually helped preparing. The CNPP staff is over here, John
16 and Kim. Thanks you very much for helping with the
17 augmentation of this session.

18 DR. COATES: Thank you.

19 Dr. Eileen Kennedy, your turn.

20 DR. KENNEDY: I took copious notes. I found all of
21 this very helpful. To repeat something I said earlier, the
22 steering committee has been meeting every two weeks. We have
23 an upcoming meeting on Monday. We will look at all the written
24 comments that have been handed in clearly, the transcripts,
25 additional comments that come in.

26 As I was listening to the almost 40 people who made
27 oral comments today, it seemed to me, and the danger of doing

1 this is I'll miss some key issue, but first blush and having
2 sat through this, I think there were some recurring themes
3 which came up.

4 One issue to emphasize why that's useful is we're not
5 in totally different ball parks. I mean, I think there are
6 some issues I heard over and over again using certain buzz
7 words. One was the sense that people who have been involved in
8 nutrition for a long time, we have made some improvements, and
9 I think it's important to highlight why those improvements
10 emerge, whether we're linking it to 1969 or even earlier, that
11 we have a very strong body of research evidence which suggests
12 as a result of whether one calls them policies, programs,
13 administrative actions, we have made gains. That's important
14 to highlight.

15 Low birth weight rates have come down. We've dealt
16 in part with the anemia problem, a whole series of reasons why
17 we've seen these improvements, a part of it related to the
18 cadre of nutrition safety net programs, when you look at the
19 national data on food consumption patterns both going back to
20 NHANES, as well as the USDA first nationwide food consumption
21 surveys and then some of our more recent individual CSFII.

22 Some of the problems that were targeted back in 1969,
23 which were these divides between under served, low income
24 populations and the rest of the populations, in consumption
25 patterns the gaps have narrowed and in some cases disappeared.
26 I think that's important to highlight.

27 Pat Young's well taken comment that some of those

1 problems continue to persist, and I think that leads into kind
2 of one of the second things I thought I heard people saying
3 that yes, we've made gains. It's important to emphasize the
4 successes, but also we continue to have some problems, some of
5 which existed in 1969.

6 We also have a new profile, I think, of nutrition
7 problems we heard people saying, but let me take the issue of
8 the persistent problems because I think persistent problems of
9 food insecurity and hunger was another theme that kept coming
10 up. Mark Winne, Jim Weill, Pat Young, others, and I don't want
11 to ignore anybody. I mean, those are some of the thoughts that
12 came to mind.

13 But I think we have a job to do at this summit
14 because while there are those persistent problems, I think the
15 way we talk about hunger and food insecurity in the face of
16 hunger in the U.S., I think we have to indicate that those
17 faces are somewhat different, and I don't mean different
18 individuals, but I continue, and I've heard Dr. Satcher say
19 this. I've heard Secretary Shalala, Secretary Glickman, Ed
20 Cooney, others as we travel around the country, even Secretary
21 Cuomo.

22 I mean, I think looking at why by any objective
23 measure in a historically good economy why one continues to
24 have problems of food insecurity, hunger, why you continue, and
25 this is I'm constantly asked. How is it possible, plausible,
26 to have this what appear to be contradictory hunger, yet
27 obesity, and how are we saying it's within the same individual,

1 same subsets?

2 So I think we have the opportunity for using the
3 summit to really do an enormous education campaign on the
4 current faces of hunger in the U.S. and what it looks like and
5 including the issue, I think, and I heard several people say
6 this, the working poor, so it is different, somewhat different
7 than 1969, and then how that gets linked to the action oriented
8 strategy, some of the newer problems, of course.

9 We're much more attuned to the fact that over and
10 over again we've heard a variety of speakers talk about the
11 overweight/obesity problem, decreased physical activity, and I
12 think again putting it under the rubric of unhealthy
13 lifestyles, so when we're talking about healthy lifestyles for
14 healthy people what are those healthy lifestyles reporting
15 forward. Several people highlighted one size can't fit all,
16 and I think we agree with that, and looking at what the
17 implications of that one size doesn't fit all for next steps.

18 I also heard a lot of people saying this morning that
19 they're very gracious. It's terrific we're having this summit,
20 but that in order for the summit to be seen as effective,
21 number one, the summit in 2000 is going to be different than
22 1969 in that we're going to be emphasizing different ways of
23 tackling some of these problems.

24 I heard a lot of people talk about behavior,
25 behavioral processes being part of what we look at. A number
26 of people talked about whether they used nutrition education,
27 nutrition communication, a little bit less nutrition promotion,

1 but that the way we think about those has to be heavily driven
2 by what we know about investment in behavioral research, what
3 some of those gaps are.

4 Ed mentioned the upcoming report out of USDA -- this
5 is congressionally mandated -- where we look at how our pieces
6 on nutrition education come together. Clearly we see that as
7 being one piece and very valuable at the summit.

8 But thinking about what the implications are from a
9 behavioral perspective, what that means as far as maybe some
10 new thoughts on research and new thoughts on interventions,
11 another theme that we heard over and over again is unlike I
12 think a little bit less in the 1969 conference, much more so,
13 the whole issue of public/private partnerships, as well as
14 simply the private sector approaches and what the implications
15 are for that for discussion at the summit, but also for next
16 steps.

17 My last issue that I heard, and I think I would like
18 much more specific discussion on what my final theme I thought
19 I heard was, which is the process that we're using up to the
20 summit and after the summit being as important or in some cases
21 people said more important than the actual summit, so what
22 should that process be? How do we interact?

23 When we talk about specifically the planning for the
24 summit and the post summit, I'd like to hear much more
25 specific. I don't think there was any disagreement that the
26 process was important. I don't think there was any
27 disagreement that we need to look at, and a lot of people used

1 terms like innovative, imaginative partnerships.

2 I was a little disappointed that it didn't take a
3 form which was more specific, and I think again since this is a
4 process which will happen over and over again over the next
5 couple months, from our point of view a level of specificity
6 which is not yet there would be helpful to us, and so again
7 written comments are accepted up until
8 December 20, but looking at an enormous number of ways of both
9 informally interacting to think, to think about ways we might
10 do that.

11 Where there were specific suggestions, Jim Weill
12 talking about using the annual FRAC conference as one vehicle
13 for getting to a larger audience, talking about some of these
14 issues. That was very helpful. It was specific. I think the
15 steering committee will look at how we want to interact at that
16 summit.

17 Bill Layden's comments on the partnership and another
18 summit there. That was very specific, and I think it's as we
19 get into that level of detail we're able to as a steering
20 committee respond specifically. Either we see that as a window
21 of opportunity or we don't think it'll work, but at least we're
22 getting beyond some of the generalities where I think there is
23 agreement that the modus operandi, there has to be a process.

24 It has to be inclusive, not exclusive, and thinking
25 not simply as some of those emerging from federal government,
26 but emerging from groups represented here where we're brought
27 in, not that we are the starting line up.

1 That's first blush, and I, you know, in no way mean
2 to reflect a priority for the steering committee that somehow
3 issues I didn't mention were less important. We're going to be
4 looking long and hard, including over this weekend since the
5 meeting is Monday. We're using the weekend to look at comments
6 that have come forward, look at our notes and think about how
7 we do proceed.

8 The audience for us has been delightful, and a lot of
9 sparks and thoughts even over the coffee break. That's why I
10 was late getting back, Paul, but sparked some thoughts on kind
11 of issues we hadn't thought about or different ways of
12 approaching it.

13 With that, thank you for coming to USDA, and you will
14 continue to hear from us. We want to continue to hear from
15 you. Thank you.

16 (Whereupon, at 12:17 p.m. the meeting in the above-
17 entitled matter was concluded.)

18 //

19 //

20 //

21 //

22 //

23 //

24 //

25 //

26 //

27 //

CERTIFICATE OF REPORTER, TRANSCRIBER AND PROOFREADER

National Nutrition Summit
 Name of Hearing or Event

N/A
 Docket No.

Washington, D.C.
 Place of Hearing

December 9, 1999
 Date of Hearing

We, the undersigned, do hereby certify that the foregoing pages, numbers 1 through 132, inclusive, constitute the true, accurate and complete transcript prepared from the tapes and notes prepared and reported by Beth Roots, who was in attendance at the above identified hearing, in accordance with the applicable provisions of the current USDA contract, and have verified the accuracy of the transcript (1) by preparing the typewritten transcript from the reporting or recording accomplished at the hearing and (2) by comparing the final proofed typewritten transcript against the recording tapes and/or notes accomplished at the hearing.

12-15-99
 Date

Karen Stryker
 Name and Signature of Transcriber
 Heritage Reporting Corporation

12-15-99
 Date

Lorenzo Jones
 Name and Signature of Proofreader
 Heritage Reporting Corporation

12-9-99
 Date

Beth Roots
 Name and Signature of Reporter
 Heritage Reporting Corporation